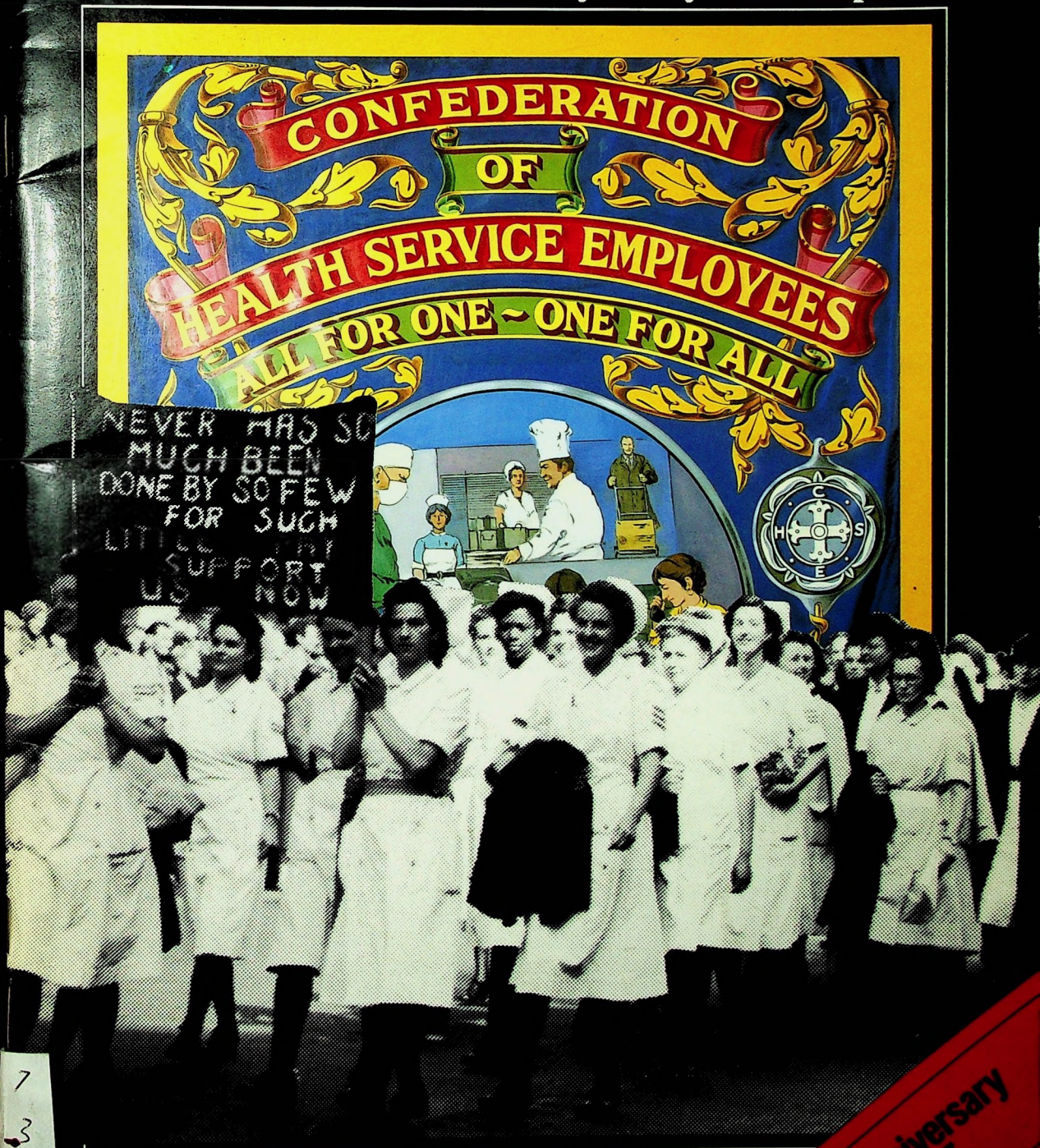


They still go marching on...

— a celebration of COHSE's first 75 years by Mick Carpenter



Introduction by David Williams, General Secretary

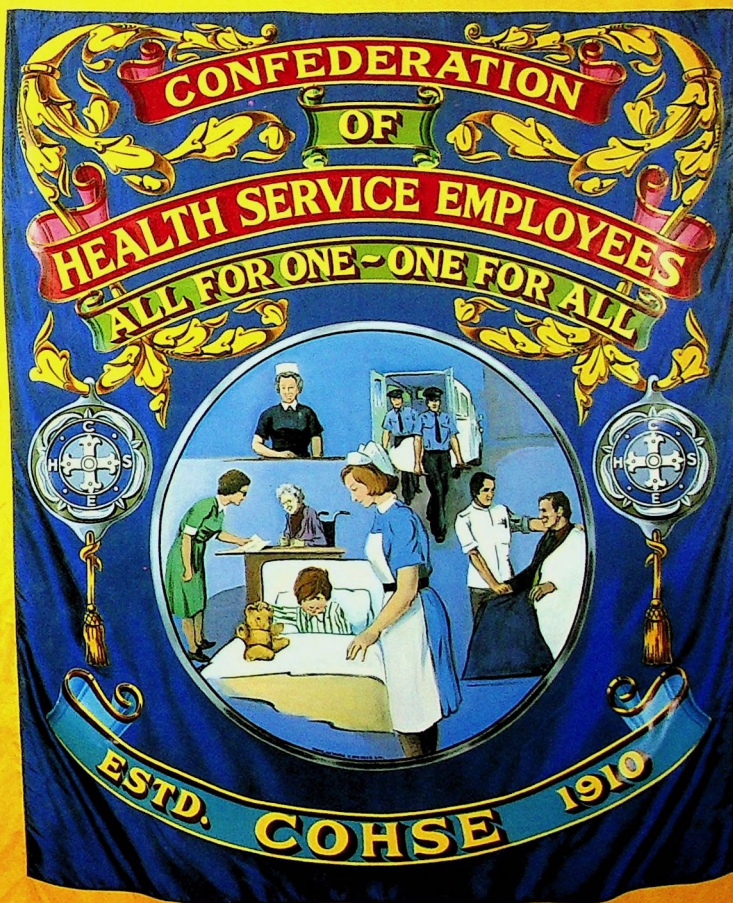
75th Anniversary
COHSE

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This pamphlet was commissioned by COHSE to celebrate our 75th Anniversary in July 1985. The author, Mick Carpenter, has also written a pamphlet on the union's early years *All for One - Campaigns and Pioneers in the Making of COHSE*, published in 1980.

His complete COHSE history, *Working for Health* will be available later this year.

Mick Carpenter is a lecturer in Applied Social Studies at the University of Warwick.



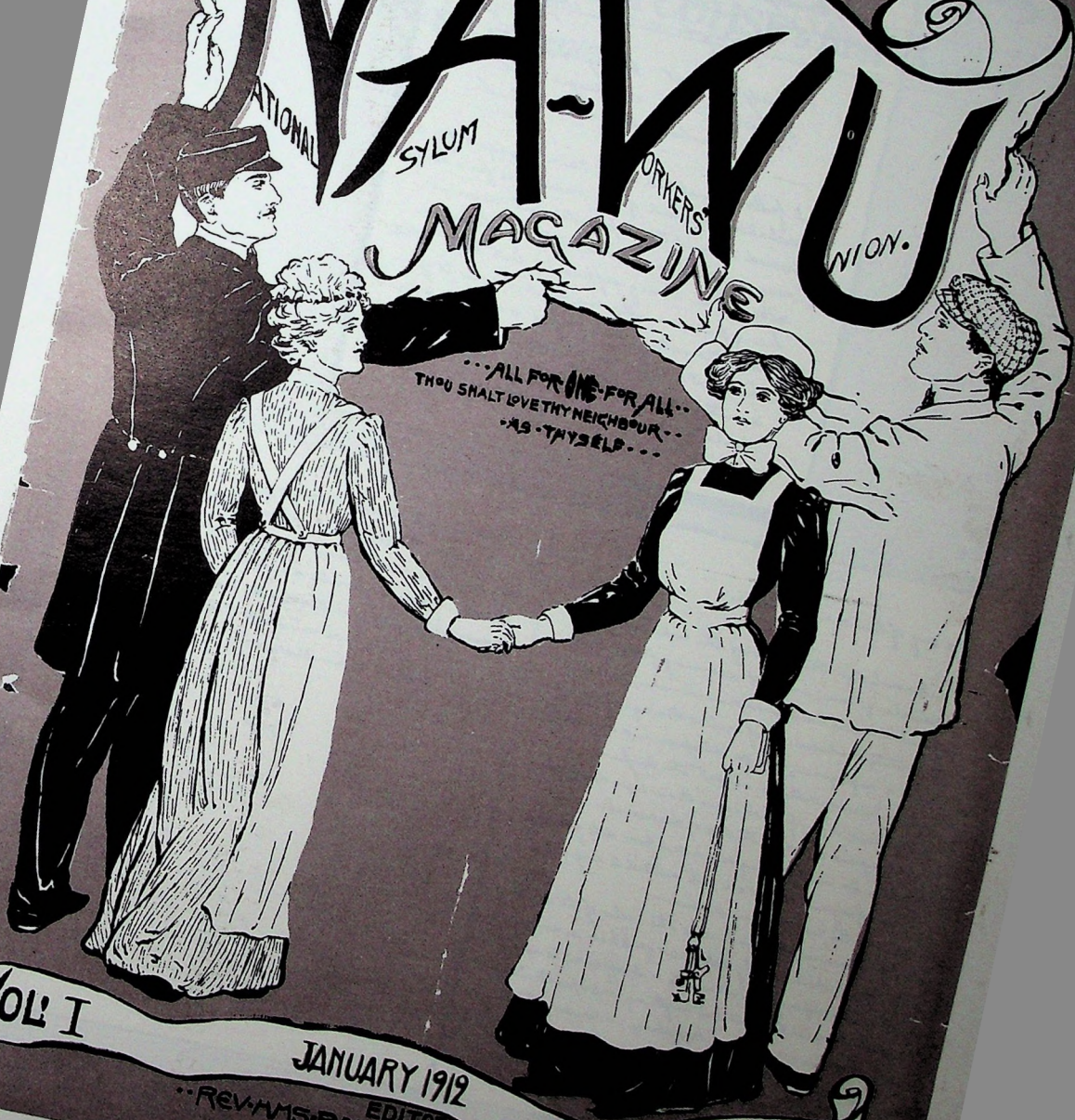
COHSE - the Health Service Union

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NATIONAL ASYLUM WORKERS' MAGAZINE UNION.

...ALL FOR ONE - FOR ALL...
THOU SHALT LOVE THY NEIGHBOUR...
AS THYSELF...



VOL. I

JANUARY 1912

EDITOR
REV. H. S. BANKART, B.A.

No. 1

(21)

Form of Obligation

To be signed by all attendants, cleaners,
workmen, servants and others regularly
employed in the Asylum.

I hereby admit having been this day
appointed as at wages and
emoluments as per scale.

I fully understand that I am engaged for a
probationary period of one month, or for a longer
period should the Superintendent deem it
necessary. One weeks notice to leave on
either side being sufficient; but that after
being permanently engaged, I agree to give
a months notice, or to forfeit a months wages,
should I resign my situation; & to be entitled to one
months ~~to one months~~ wages on one months notice
should my services not be required unless discharged

(22)

for any of the causes stated,

I acknowledge the right of the Superintendent
to discharge me, without warning for a acts
of unkindness, harshness or insolence, violence
to patients, disobedience of orders transgression of
rules or negligence; also for intemperance or immorality,
whether occurring within or without the Asylum
boundaries; in any of which cases the wages due to me
will be paid only up to the day of dismissal.
Also in the event of being suspended from duty for any
fault of my own, that I am not entitled to any pay
during the period of such suspension.

I furthermore promise to obey the rules of the Asylum,
a copy of which I hereby acknowledge to have received;
to avoid gossiping about its inmates or its affairs; to report
to the Medical Superintendent anything improper that may
fall within my personal knowledge; to render all the
assistance in my power (whether or not it be amongst the
actual duties for which I am engaged) to sustain the

(23)

character of the Asylum in every way I am capable of doing,
& to promote the comfort & welfare of the inmates.

I also (I agree to submit myself to the prescribed system of
applicants to the Asylum) I agree to submit myself to the prescribed system of
training & instruction for the Certificate of
Proficiency in Nursing the Inmate

I agree to be re-vaccinated if thought desirable by the
Medical Superintendent

Signed

Date

They still go marching on...

- a celebration of COHSE's first 75 years

Mick Carpenter

Confederation of Health Service Employees
National President: Sid Ambler, MBE
General Secretary: David Williams

Acknowledgements

Our grateful thanks to the following for photographs appearing in this pamphlet:

MEL — Mary Evans Library

NMLH — National Museum of Labour History

Keystone — Keystone Press Agency

RTHPL — Radio Times Hulton Picture Library

Front cover photo: student nurses on the march in 1948 demanding more pay. The title of this pamphlet is from a 1962 marching song, 'Enoch's angels' — see Chapter 5.

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Introduction



This is a success story, the success that comes from the determination of working people to band together against tyrannical employers. Our union today is a tribute to them and our 75th Anniversary year a timely reminder of the need to defend the precious heritage they struggled to hand down.

Mick Carpenter's first pamphlet in 1975 *All for One* told the story of the early pioneers who sacrificed so much so that the union could survive, grow and prosper. This new, equally as absorbing, pamphlet — covering our full 75 years since 1910 — shows how those early years helped contribute to the birth of the National Health Service in 1948 and how they moulded the development of the union in the years that followed.

They still go marching on . . . summarises the 1,000 page history produced by Mick Carpenter, a former nurse, during four years of extensive research for a joint COHSE/University of Warwick project. We hope that this full length history, *Working for Health* will be available in limited edition form later this year.

There are many quotes in this pamphlet that could be used to end these few words. The one I have chosen comes from the joint statement by George Gibson and Vincent Evans in September 1945, issued in preparation for the Amalgamation of the Mental Hospital and Institutional Workers Union and the Hospitals and Welfare Services Union to form COHSE:

'What every hospital employee has wanted for years has now become a fact: a strong trade union representing the majority of organised hospital employees . . . We now have the opportunity, providing we all have the will, of creating the strongest and most effective trade union organisation in the country.'

The dedication of the early pioneers and those who came after them has ensured that we have a trade union that lives up to that definition.

David Williams, General Secretary

In case we forget . . .

*'We remember them because it is an easy thing to forget:
that we are not the first to suffer, rebel, fight, love and die.
The grace with which we embrace life, in spite of the pain,
the sorrows, is always a measure of what has gone before.'*

Alice Walker

This booklet celebrates the seventy-fifth anniversary of COHSE and seventy-five years of unbroken health service trade unionism. Three-quarters of a century ago in 1910, a small group of Lancashire asylum attendants had the vision and audacity to take a specific grievance over pension contributions in their county, and transform it into a general movement for the improvement of the lot of all asylum workers throughout Great Britain and Ireland.

They did not for one moment stop to consider the likely cost to themselves, and against expectations succeeded where past attempts to unionise asylum employees had failed. Some years later, in 1918, an aggrieved group of Poor Law workers from Manchester and London assembled in a basement in Paddington to launch a trade union in the hope that it would bring some order to a chaotic system of worker employee relations.

The two unions which separately emerged — the National Asylum Workers Union (NAWU) and the Poor Law Workers Trade Union (PLWTU) both survived the vicissitudes of the inter-war period finally to come together in 1946, giving birth to COHSE, a health service union spanning both the general and mental health services. After a difficult patch during the 1950s and the early 1960s, COHSE was launched on to its uninterrupted course of rapid growth to become the force in the Health and Social Services that it is today.

The early pioneers could not have been motivated by narrow self-interest, especially because the risks attached to standing up and being counted as a trade unionist were much greater than the likely benefits to be gained. What comes across most down the years is that a protest against injustice was the driving force which set health service trade unionism in motion, which was powerful enough to sustain it through years when material gains were at best limited.

Often pioneers were struggling to achieve dignity for themselves and their companions as much if not more than for material gains — and they found that dignity in the struggle itself.

The other fact to emerge is the concern for the patients that has always been associated with health service trade unionism. Time and time again, COHSE activists campaigned for a better service for them — and passionately argued that there was no necessary contradiction between concern for the well-being of patients and seeking to improve conditions for workers in the health service.

In the following pages we pay tribute to the efforts of COHSE pioneers down the years. They are too numerous to all mention by name, but without their struggles and sacrifices, the lot of health workers, their families and the service itself would be immeasurably poorer. Their heroic efforts established traditions of organisation to improve the service for those who work for and use it, traditions which today's health staff can justifiably be proud of.

Mick Carpenter, University of Warwick,
May 1985

Part I

Before health service trade unionism



Chapter 1

The myth of a golden age

Photo, previous page: a group of inmates in working clothes and attendants in warder-style uniforms, outside the gates of Horton Asylum near Epsom in 1907 (RTHPL).

Trade unions have always been a necessity in the health service. Without the constant pressure from organisations such as COHSE, employers rarely acted to improve abysmal conditions, and these in turn often acted as a deterrent to the recruitment of staff, to the detriment of the service as a whole. Professional associations did not press vigorously for improvements for the vast majority of staff, and sometimes even made a virtue out of poor conditions.

Rarely is this positive role that unions have played publicly acknowledged. Instead they are often portrayed in the media as a regrettable and even unnecessary intrusion into what was a previously happy and contented state of affairs. If staff are discontented, and on occasions even feel forced to take militant collective action, then 'bloody minded' union leaders must have led them astray. Not only is that insultingly patronising to the staff who only take such action when they feel no other avenues remain open, it constructs a rosy and mythical past which in fact never existed.

Since the aim of this myth is to pinpoint trade unions as the source of all problems, the aim of this chapter is to expose this myth by confronting it with the often harsher reality. The question then becomes a different one, instead of the usual one of 'how could staff act in such an undignified and unprofessional way?' we should ask 'how could staff put up so patiently with such appalling conditions for so long?' Partly perhaps staff held back from a misplaced sense of dedication, but they also knew that any attempts to stand up for themselves would be, and often were, ruthlessly crushed.

Health service trade unionism came into existence for two reasons. One, that appalling working conditions more than justified its appearance on the scene. Two, a sufficient number of discontented staff saw the need for collective organisation and resolutely stuck their necks out in support of it, despite the threats.

The conditions

At the beginning of the Twentieth Century, the hospital service was divided into three separate spheres: the lunatic asylums, the voluntary hospitals, and the Poor Law infirmaries and workhouses. They did not come together until the National Health Service welded them into one system in 1948. Although conditions left much to be desired in all three sectors, trade unionism became firmly established in the asylums after 1910, gained a foothold in the Poor Law service in the 1920s, but did not become implanted in the voluntary hospitals until the Second World War.

Conditions in the public asylums can only be

described as grim. The earlier optimism which had set them up in the Nineteenth Century as places of treatment, had waned by the beginning of the Twentieth. They had become custodial institutions governed by a complicated legal code concerned only with excluding 'lunatics' from society at large and confining them at the cheapest cost in secure and remote surroundings. The established routines of the asylums therefore became centred around maintaining security and order among a permanently captive population, many of whom spent the best part of their lives confined within the asylum's walls.

The daily routines of staff, which started from 6am and ended at 8pm or even 10pm, were aimed largely at ensuring that everything ticked over smoothly in the supervision of patients' rise from bed, to breakfast, to exercise or work in one of the asylum's industries, to lunch and tea, recreation and to bed. The male staff in particular, in their dark uniforms and peaked caps, were indistinguishable from prison warders. Nor could their role have been far removed from them, given that every escape, even just beyond the asylum's walls, had to be faithfully recorded in the 'Escape Book', with any costs of recapture being docked from the responsible staff member's wages.

Other rules of the asylum reinforced this role. It was not uncommon to fine or even dismiss staff for leaving a door unlocked. At Leavesden and Caterham 'Imbecile Asylums' (forerunners of mental handicap hospitals) staff were expected:

'to examine, at least once a week, all screws and fastenings which are accessible to patients.'

Not surprisingly, asylum work was low in status and not popular as an occupation. The male attendants were commonly known as 'the unemployed of other professions', were ex-military men or prison warders, or recruited from among the local farm labouring community. Women nurses were drawn largely from among those who would otherwise have gone into domestic service. They usually left on getting married, often because the asylum rules demanded it.

The pay and hours were among the worst. The Wages Book of Lancaster Asylum in the late 1880s shows that the highest paid attendant, John Stavelly, received just £40 a year for his efforts. Admittedly, this involved some payment in kind — but compare this with a skilled engineer fitter in Manchester who could expect to earn over £83 a year. The wages of women nurses were, of course, lower, ranging from £16-£22 a year, which was about the average for domestic servants. And these were better wages than those paid in many asylums, especially in the more rural areas.

As far as hours were concerned, the labour

'Staff knew that any attempts to stand up for themselves would be, and often were, ruthlessly crushed.'



Early struggles: unrest at Bodmin Asylum at the turn of the century culminated in a strike in 1919 when five female nurses were sacked for wearing union badges. They were reinstated after a week long protest and won the right to keep the badges on.

movement as a whole had been pressing with increasing success for reductions. By the late 1870s legislative and union pressure was bringing hours down to around fifty a week. But public and professional employment was neither protected by Factory Acts nor defended by trade unions. The result was clearly outlined by the newly formed National Asylum Workers Union itself. Its own survey of thirty-one hospitals in 1912 showed that hours were typically more than seventy hours a week, excluding meal times, and in some instances were more than ninety.

All-powerful employers

But it was probably the conditions themselves that left most to be desired. The work was often dirty or unpleasant, and sometimes dangerous. When it was neither of these, it involved the unending monotonous task of supervising the daily lives of those for whom society had abandoned hope of cure. Inevitably the stigma attached to mentally ill people rubbed off on those who cared for them. It is clear that the employers often could not or would not sympathise with the difficulties of their staff. They sponsored a professional association — the Asylum Workers' Association (AWA) — in 1897, which sought to encourage its members to believe that asylum work was an uplifting occupation. The pages of the *Asylum News*, its official organ, projected a fantasy image of asylum life, in which harmony ruled among patients and all levels of staff as symbolised by accounts of jolly asylum 'entertainments'.

Because it was so busy painting an ideal picture of asylum life, the AWA was unable to admit that conditions were less than perfect, and then try to change them. This denial was not unconnected with the fact that it was dominated by the all powerful medical superintendents who ran the



NAWU Journal cartoon, January 1913: a wry comment on the 'generosity' of Lincoln employers who had ignored staffs' demands for shorter hours and more pay — and instead 'graciously' granted them two extra cakes of soap a month!

Union versus 'professional association': cartoon in the March 1912 NAWU Journal shows 'NAWU Oliver Twist' asking the employer for 'An eight hour day and more pay'. By contrast, the 'AWA Uriah Heep' whines: 'I don't ask for more — I'm too 'umble.'

asylums. Thus, when a Select Committee of the House of Commons investigated asylum workers' conditions in 1911, it was told by Dr Cassidy, the Superintendent of Lancaster Asylum, that, though the hours were long, the work was often pleasant and light, including:

'time for dressing and tidying bedroom, also time spent in playing games, cricket and football for the attendants, and stoolball for the nurses — both practice and matches — often without patients.'

He also told the Committee that one day off a month was quite sufficient and even beneficial:

'I think the effect of too much leave, too much freedom, too many hours off duty, would be distinctly demoralising, especially to the female staff.'

He argued that shorter hours would lead to a worsening of care for patients, because it would necessitate a three shift day in the place of the existing two shifts. He could not understand the argument put forward by the union — that staff needed to get away from the claustrophobic atmosphere of the asylum and that more leave would enable them to return to their duties refreshed and with greater dedication.

Dr Cassidy to some extent gave the game away when he indicated that shorter hours might lessen his ability to control his staffs' lives. Certainly long hours and living-in reinforced the almost absolute power of medical superintendents. When staff joined the asylum payroll they were typically issued with long lists of rules and asked to sign 'Obligation Forms'. Infringement of any



one of them could bring instant dismissal. Even if they wished to marry they had first to get the medical superintendent's permission.

Undercurrents of dissatisfaction

One of the few benefits which some asylum workers enjoyed, if their visiting committees (the asylum's managing body) would grant it, was non-contributory pensions. The staff looked forward eagerly to the day when they might retire and rejoin 'sane' society. It should be no surprise that the pensions issue was finally the one which generated permanent trade union organisation.

That does not mean that there were no undercurrents of dissatisfaction before. At Bodmin Asylum in Cornwall in the 1890s, for example, the attendants had collectively petitioned the authorities, complaining among other things of 'the small amount of remuneration we receive', and 'the home comforts we have to sacrifice compared with other spheres of life', as well as 'the unhealthy, disagreeable injurious things we have to contend with daily'.

The practice of petitioning the authorities was also common elsewhere, such as Lancashire, but it was, of course, risky in that it exposed signatories to possible victimisation. In the 1890s there was a move to form a union among employees in London County Asylums, but it came to nothing. In Ireland a National Union of Asylum Employees went so far as to issue a set of rules of 1896. It was ruthlessly repressed by the employers who regarded such a step in itself as a dereliction of duty. As the *Journal of the Medical Superintendents* said:

'A trade union is as impossible in an Asylum as in the Army or Navy. Discipline would be impossible, and no confidence would be placed on a staff which could at any moment be paralysed by the action of an irresponsible and often tyrannously autocratic trade union committee.'

The good doctors did not, of course, regard themselves as 'tyrannously autocratic' in suppressing the legitimate collective voice of their employees. But as we shall see subsequently, the most they could do was suppress it temporarily. They could not silence it altogether.

The Poor Law

Conditions were only marginally better in Poor Law institutions. The workhouses were grim institutions set up by the Victorians to deter the able-bodied from applying for relief. Conditions inside and the stigma associated with 'pauperism' served to discourage all but the most desperate. It is true that by the Twentieth Century a large

number of poor people were maintained on 'outdoor relief' and that conditions within the workhouse had gradually improved. A rudimentary system of workhouse infirmaries even existed. In essence, however, the Victorian system remained intact.

There was an organisation which nominally sought to represent the workers' interests. This was the National Poor Law Officers Association (NPLOA) founded in 1885. The only major achievement to its credit was that of compulsory, non-contributory pensions in 1896. It, too, was dominated by senior officials, in this instance the Clerks to the Boards of Guardians (which were the locally elected bodies responsible for running the Poor Law). The key workers in the system were, however, the relieving officers, nicknamed 'Destitution Officers', to whom all applications for relief in the first instance were made. It was their decisions usually which determined whether a person received an allowance, or would have to go into the workhouse. There were about 2,000 of them, with a bewildering range of duties, for which they earned a mere £1.50 to £3 a week. It was a distinctly low status middle-class occupation, often filled by favouritism. A local government inspector told the Royal Commission on the Poor Laws 1905-9 that a relieving officer was often someone:

'who has failed in everything . . . he may have failed as a farmer, he may have failed as a contractor, he may have failed in any sort of business to which he has devoted himself.'

The Poor Law service, like the asylums, was 'tainted' and some of this inevitably rubbed off on those who worked for it. There was pressure to improve conditions from the end of the Nineteenth Century, especially after working-class men got the vote. However, Poor Law workers benefitted little from this for, as M A Crowther puts it (in *The Workhouse System, 1834-1929*), the Guardians:

'were always torn between the interests of paupers and of rate-payers, and the officers were generally forgotten.'

Most of the 50,000 or so Poor Law workers in 1918 were engaged in institutional care. Originally much of this had been carried out by inmates under the watchful and often stern eye of workhouse masters and matrons. When this practice was gradually superceded, the Guardians would seek to employ widows who were dependant on them for relief and thus could not easily refuse. The master and matron were always employed as man and wife and, as advertisements put it, 'without encumbrance' (i.e. children). Few

'Infringement of any of the strict asylum rules could bring instant dismissal.'

commentators have much sympathy for them. Norman Longmate says (in *The Workhouse*) that the job inevitably attracted:

'the rootless couple with no home of their own — the man often a badly educated bully, the wife a nagging shrew with pretensions to gentility, delighted to command an unlimited supply of free servants.'

How accurate a general picture that is we cannot be sure. But even at their best the workhouses were dull and inhospitable institutions governed by an unvarying and monotonous routine, in which work was done to satisfaction, as Beatrice and Sidney Webb put it in their 1909 Minority Report of the Poor Law Commission:

'when the floors are washed the steps pipe clayed, and the regiments of books of entry placed in order for the inspector.'

The interests of inmates came well behind this general attention to the outward appearance of the institution.

Workhouse infirmaries

The biggest change that had occurred in the system by the early Twentieth Century was the development of a network of workhouse infirmaries and separate provision for sick inmates. Some of these hospitals were well developed, but on the whole they tended to take the categories of patients rejected by the

charitable voluntary hospitals — the elderly, incurable, contagious cases. They were regarded as a result as second rate institutions, not least by the doctors and nurses who worked in them. This was not helped by the fact that doctors had traditionally been appointed on the same basis as other 'trades people' — by competitive tender. Even when this practice ended, doctors often had to pay for medicines out of their own pockets. The workhouse masters often used also to intervene in their work, for example, to curtail 'extravagant' expenditure on patients' diets.

The conditions of the nurses had improved from the time when elderly pauper nurses looked after fellow inmates in return for a few extra privileges, and when, as in Liverpool, police patrolled the wards at night to keep order. The workhouse infirmary had begun to establish training schools on lines similar to those pioneered by Florence Nightingale and others in the voluntary hospitals. From 1913 it was compulsory to appoint trained nurses to positions of head or superintendent nurse. Thus both doctors and senior nurses were beginning to establish their professional independence from the workhouse master.

But this did not improve the lot of the vast majority of nurses, some 7,500 of whom were employed by around the time of the First World War. According to the survey carried out by the *Poor Law Officers Journal* at the end of the War,

Workhouse scenes (below and opposite): the Hanbury women's shelter in London's East End in the 1890s (NMLH).



hours for day nurses exceeded seventy a week and those of night nurses more than eighty-four. Although a superintendent of a large infirmary might expect to earn £126-£156 a year (much less than her counterpart in a voluntary hospital), a first year probationer (i.e. learner) nurse could only expect £15 a year (source: R White, *Social Changes and the Development of the Nursing Profession*). That was about the same as a probationer in a voluntary hospital, but the status, glamour and future prospects were very different. Nearly all senior positions in the professions were filled by nurses trained in the voluntary hospitals who came from a much more middle-class background.

Nursing is, of course, an occupation notorious for its authoritarian management. In the voluntary hospitals at least this was associated with prospects of travel and a career at a time when job opportunities for women were generally very limited. But in the infirmaries there were many fewer such compensations, given the domination of senior positions by voluntary trained nurses.

We know very little about what nurses in such hospitals thought of their work. Numerous 'memoirs' have been written by nurses who trained at the elite hospitals, but those in the Poor Law hospitals have been silent. It seems most likely that on the whole they approached the job in a much less 'starry-eyed' way. Certainly there

is evidence that they were not always happy with their lot. At times of general working-class unrest, spontaneous rebellions even ignited.

Thus in 1911 there were a number of flare-ups at workhouse infirmaries, and at Carlisle the probationers 'left the hospital in a body' when the superintendent nurse rebuked a nurse. They demanded, and initially got, her dismissal until the local government board told the guardians that they were not empowered to do such a thing. Incidents also occurred in Aberdare and York, and caused alarm among the nursing establishment as reflected in the editorials of *Journals*. *The British Journal of Nursing* (mouthpiece of the Royal British Nurses Association) warned that 'the nursing staffs are out of hand in these institutions.' *The Nursing Mirror* could see that the recent and continuing imposition of the matron system in the infirmaries was at the heart of the problem, combined with poor conditions and overwork. Yet it certainly did not approve of collective action to remedy autocratic management and unsatisfactory working conditions. Instead it recommended the

'courageous acceptance of disagreeable conditions which makes up half the philosophy of life for those who succeed in their careers . . . A little patience, a little laughter, and the hard years are gone by.'

But for the majority of Poor Law nurses, the hard years were a permanent feature of their working existence. The rebellion was short-lived, but it does show that the image of the submissive nurse has been overdrawn; such incidents are evidence of a much deeper discontent.

Harsh realities

This, then, was what conditions of work were like in the asylums and Poor Law service before unions appeared on the scene. There was much to put right, and signs that underneath discontent was much more widespread than often imagined. There were enormous contradictions between the image of the work which the employers and professional associations sought to project, and how it was usually experienced by those who had to carry it out day by day. Trade unions did not create that contradiction. They were instead an expression of the fact that the image could not forever be used to manipulate workers into accepting unfair and unjust treatment, from those who had long preferred to dish it out than receive it.

Part II of this booklet tells how this discontent was turned into permanent organisation, by groups of clear sighted and determined men and women.

'Workhouses were dull, inhospitable institutions governed by an unvarying, monotonous routine.'





Destitute men waiting to gain admittance to Whitechapel workhouse. The figure of authority stands at the door (NMLH)

Opposite: the first NAWU banner, carried by strikers at Exeter City Asylum in 1919 protesting at the summary dismissal of fellow nurse Phillip Glanville, for 'insolence'. The six-month long strike, however, failed to get the victimised NAWU Branch Secretary reinstated.

Part II

The story of COHSE



National Asylum Workers Union – founded 1910

1918 Poor Law Workers Trade Union – founded

1922 Poor Law Officers Union

Mental Hospital and Institutional
Workers Union

1930 National Union of County Officers

1943 Hospitals and Welfare Services Union

1946

Confederation of Health Service Employees

Chapter 1

The Asylum Service and the birth of NAWU

COHSE's founder union the National Asylum Workers Union was established from a protest meeting of eight charge attendants from Lancashire asylums, held at the Mason's Arms pub, Whitefield, Manchester on 9 July 1910. Previously they had enjoyed non-contributory pensions, but as a result of the 1909 Asylum Officers Superannuation Act, they would now have to make contributions from their meagre wages. The Lancashire Asylums Board had refused point blank to increase their wages by the required amount.

The Asylum Workers Association (AWA) under their Hon. Secretary Dr Shuttleworth, had been the chief instigators of the Act, and it was this that enabled the attendants to turn this single issue into a campaign to create a permanent and national trade union organisation. As **Martin Meeham**, one of the pioneers, recalled in 1931:

'Having been a member of a trade union since I was five years of age (that's funny isn't it?), I thought to myself, now is the time to get a union of asylum workers started. Well, we succeeded, but not without an effort . . . I thought to myself, now is the time when we have a national grievance.'

For those men the anomalies created by the 1909 Act finally exposed the shortcomings of the employer-dominated AWA. What was needed was an organisation truly representative of the staff,

and they were determined to create one. They enlisted the help of a radical curate, the **Reverend Samuel Proudfoot**, who helped them to write a provisional leaflet and draw up a provisional set of rules. The union was finally launched on the world at a meeting at Preston in Lancashire, at the Boar's Head, Fishergate, on 24 September 1910, presided over by Rev. Proudfoot. As he later recalled:

'I knew that trade unionism was the only hope for humanity, and I spoke to that audience for one hour. At the conclusion of the meeting I got up and asked if there were any questions they would like to put, or if they had any grievances they would like to mention. There was absolute silence for a considerable time, no one venturing to come forward. After what appeared to be an eternity one man got up and broke the silence. I thanked God for that man. Then he blurted out: "We're starving. It is time things were remedied, but they cannot and never will be. We are only slaves, and can only be slaves." You know the story. Now the climax of that meeting was when a woman got up (God bless that woman!) and said: "Mr Proudfoot, you have spoken the truth, and we shall all be fools if we do not join this union." I am wholehearted in my belief that women will send forward trade unionism with a far greater impetus than we men can do. I know that their ingenuity can win through where men will stand agape.'

August body: NAWU's first National Executive Council. **George Gibson, Edward Edmondson and Herbert Shaw** (General Secretary, President and Assistant General Secretary) are in the front row, from the left: second, third and fifth.



The truth of this last statement was to be shown on numerous occasions in the years ahead. The meeting went on to decide and approve the union's name, and its motto: **'All for One and One for All: Thou Shalt Love thy Neighbour as Thyself.'**

The union survived and grew, although at the end of its first year of existence, its balance was just a shilling. Within the space of a decade it had driven the AWA out of existence, but this does not mean that it was plain-sailing. The first General Secretary was the **Reverend HMS Bankart**, sacked from his post as Chaplain to Lancaster Asylum for helping to spread the union among the staff. He conducted NAWU's affairs with considerable flair, but with much less discretion and the union drifted into a financial crisis. He was replaced by **George Gibson**, a young attendant from Winwick, who turned the position round and set the union's development on an even keel, with the help of **Herbert Shaw**, the Assistant General Secretary.

Early struggles

NAWU's early years were not, however, associated with any spectacular successes. There was some pressure from the branches for militant action, which briefly flared into a 'strike' at Rainhill, Lancashire in 1913. When oatmeal

porridge was substituted for meat on the breakfast menu, thirty-five attendants refused to leave the mess (dining) room to go to work on the wards, despite the remonstrations of Dr Cowan, the Medical Superintendent. Staff on the wards, hearing of their action, refused to carry out their normal duties, and by midday it was agreed to revise the diet sheets. But the thirty-five attendants were subsequently forced to apologise for their protest, under the threat of disciplinary action.

Even NAWU's National Executive Council, while congratulating Rainhill on its 'magnificent stand', criticised them for acting precipitately. It was worried about taking on the employers at a time when it had limited financial resources and strength among the membership. Given its relative weakness, NAWU had first sought to secure improvements via legislation. It persuaded Lord Wolmer the Conservative MP for Newton-le-Willows to sponsor a Bill in Parliament to enforce a maximum working week of sixty hours and the removal of superintendents' summary powers of dismissal. The Bill was hijacked by AWA members in Parliament, who diluted its provisions in accordance with their policy, but it fell anyway due to lack of Parliamentary time.

In the wake of the Bill's failure NAWU was forced to adopt more traditional means of trade union pressure, where this could be mounted in particular localities. There were small successes

First World War: curtailed most forms of union pressure (MEL).



but nothing of major substance in the years running up to the First World War. The rare exception was in the West Riding of Yorkshire, where a successful strike ballot eventually forced the authorities to concede full recognition in March 1914. This was exceptional. In the two other major centres of asylum employment, London and Lancashire, the authorities adamantly refused to recognise the union.

Labour affiliation

Another effect of the Bill's failure was to force NAWU to abandon its previous 'neutral' political stance. Only by linking itself to the broader labour movement was there any real hope of achieving the reforms it desired, the union now realised. Local NAWU branches had also received considerable assistance from local Trades and Labour Councils in their attempts to organise asylum workers and bring pressure to bear on employers.

NAWU accordingly decided in 1914 that it would affiliate to the Labour Party. Political isolationism, then as now, only serves to weaken a union's ability to represent its members properly, by denying them a voice on the wider issues. As we will see when we examine Poor Law trades unionism, the decision of the Poor Law Workers Trade Union (PLWTU) not to affiliate to the Labour Party hampered organising activities in that sector. It did not gain the PLWTU and its successors any greater recognition from Tory authorities, but it was left out in the cold by many Labour-controlled authorities.

NAWU did not, however, seek to affiliate to the Trades Union Congress until after the First World War. This was because it was too impoverished to afford the affiliation fees. Even then affiliation did not finally come until 1923, because some craft unions with members in asylums objected to it.

War intervenes

The First World War curtailed most forms of union pressure. Many attendants enlisted in the forces, including George Gibson, and the main work of holding the union together fell upon his deputy Herbert Shaw. The deterioration of conditions in asylums for both patients and staff during the War served in the long run only to store up grievances for the future.

Some asylums were requisitioned for use as military hospitals and evicted patients were crammed into already inadequate existing accommodation. Their standard of diet was often reduced in the interests of 'economy' and little

'extras', like entertainments stopped. The result was a massive rise in death rate among patients, from under 10 per cent a year before 1914 to nearly 18 per cent by 1917. The biggest scourges were tuberculosis and dysentery which spread easily in the bad conditions and also took their toll of staff. At the same time, the cost of living was rising rapidly. While some workers received 'war bonuses', these did not in most instances fully compensate them for inflation. Unemployment levels were low, strengthening the arm of organised labour.

Between 1917 to 1920 NAWU along with other unions in the labour movement, made a forward thrust which led to permanent advances in the conditions of asylum workers which could be protected even when general conditions moved against unions after 1920. NAWU's membership climbed rapidly after a fall during the early years of the War. The leadership decided to mount its main assault in Lancashire and plans were laid as early as 1916. In May 1917 the Asylums Board refused yet again to grant recognition to NAWU. The main reason was clearly the determination of the Liberal-dominated Board to uphold the supreme authority of the Medical Superintendent. After a threatened strike ballot of all Lancashire branches, recognition of a sort was granted but petitions would first have to be submitted to superintendents at individual asylums. NAWU accordingly presented a wide-ranging set of demands, including an increase of 5s, a sixty hour week, trade union rates for craftsmen and the right to put up union notices in 'mess' rooms. Although a temporary 'war bonus' increase was granted, none of the other demands was met, and NAWU therefore issued the Board with a fourteen day ultimatum.

Women in the lead

When strike action finally broke out, it was a result of 'strike fever' from below rather than being orchestrated from above by the leadership. And like most of the post-War militancy of the union, it was pushed forward by women much more than men. They appear to have been more concerned than men with securing material gains, than in ensuring that 'procedures' were properly followed. They were often younger and were also much less likely to be intimidated with threatened loss of pensions or tied accommodation.

A crowded meeting of excited workers at Prestwich on the evening of 4 September 1918 decided to cease work at six the next morning, although cover for basic nursing care would be provided. By the 6th Whittingham in the north of the county was also out with solid support from staff, 'particularly among the ladies'. A meeting

'Most of the post-War militancy of the union was pushed forward by women.'

Rainhill Member Missing.

32890 Private Frederick Cartmell, King's Own Royal Lancaster Regiment, and of the Rainhill Asylum staff, is, we regret to say, reported in the casualty list as "missing."

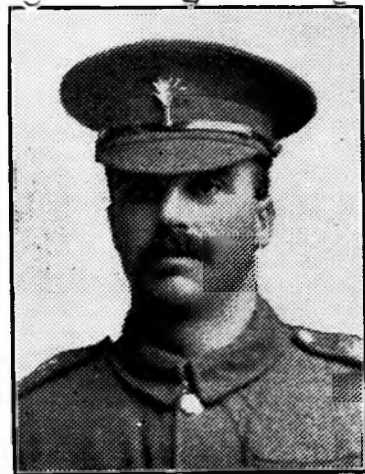


PRIVATE FREDERICK CARTMELL.

Private Cartmell was invalided home early in the present year on account of wounds, but was able to return to the front in September, his last letter home being dated October 15.

MAIDSTONE MEMBER KILLED.

With the deepest regret we have to announce the death of one of our best Union members of the Maidstone Branch, Pte. F. Curtis, Welsh Guards, whose life was laid down for the great cause in France on July 31. His death is very deeply deplored by all the staff, who extend their sincere sympathy to his relatives.



Pte. F. CURTIS, Welsh Guards.

WAKEFIELD SERGEANT DIES OF WOUNDS.

Information has been received at Wakefield that Sergeant Oliver Batty, Heavy Battery, R.G.A., died in hospital in France from wounds received on August 27. He was 32 years of age, and before joining the colours as a reservist at the outbreak of war was an attendant at Wakefield Asylum, and a member of our local branch.



SERGEANT OLIVER BATTY.

Death of Napsbury Member.

We regret to announce the death of one of our Napsbury members, Pte. H. Wilson, East Surreys, who was killed in action at Messines Ridge, near Ypres, on July 23, 1917.



Private H. WILSON.

The staff at Napsbury War Hospital very deeply regret the loss of their colleague, and tender their sincere sympathy to his relatives.

NATIONAL ASYLUM-WORKERS' UNION.

NATIONAL PROGRAMME

*Adopted by Special Delegate Meeting held
in London, on September 28th, 1918.*

1. A stipulated working week of 48 hours for all asylum workers, with payment of time-and-a-half for overtime.
2. A minimum wage (with weekly payments and a weekly contract of service) of £2 per week, with a national war bonus of 25s. per week, for both men and women.
3. Equal pay for equal work where women perform similar duties to men.
4. Abolition of the emolument system; all wages to be paid in cash.
5. The institution of wages boards or conciliation boards.
6. Official recognition of the Union by all Asylum authorities.
7. State Registration of Mental Nurses.
8. The furtherance of Local and National Labour representation.
9. Amendment of the Asylums Officers' Superannuation Act, 1909, in the following essential particulars:—
 - (a) **1st Class (Men).**
A pension after 25 years' service, irrespective of age, computed at 1/40th of salary, etc., for each completed year of service, and based on full ordinary wages at time of retirement. The age at which a pension may be claimed as a right to remain as at present, viz.: 55 years.
 - (b) **1st Class (Women).**
Women to have the right to claim a pension, if desired, after 25 years' service (25/40ths).
 - (c) **2nd Class (Men).**
A pension after 33 years' service, irrespective of age, computed at 1/50th of wages, etc., for each completed year of service, and based on full ordinary wages at time of retirement. The age at which a pension may be claimed as a right to remain as at present, viz.: 60 years.
 - (d) **Subsequent Employment:**
This clause to be deleted entirely.
 - (e) **Transfers to another Asylum:**
Delete the clause which requires an asylum worker transferring to another asylum to remove only with the written consent of the Visiting Committee of the first asylum.
 - (f) **Allowance to Dependents of Deceased Employee:**
Substitute: The Visiting Committee shall pay to the next of kin of any officer or servant dying whilst in the service of an asylum after 10 years' service:—
A gratuity of one year's salary or wages and emoluments after 10 years' service up to 15 years' service; 1½ years' salary, etc., after 15 years' service up to 20 years' service; and 2 years' salary, etc., after 20 years' service up to 25 years.
In the event of a pensioned employee dying before he (or she) has received 2 years' pension, the next of kin shall be paid the balance of the 2 years' pension which the deceased employee would have received had he (or she) lived.

(See Page 3.)

of the Asylums Board was hastily convened at nearby Preston and was addressed by Herbert Shaw.

It was agreed that no worker would be victimised for participation in the strike and NAWU's demands would go to arbitration. The resulting award was hardly satisfactory, but the prestige of NAWU had risen tremendously. Membership grew in leaps and bounds and spread into areas like Scotland where there had hardly been a presence previously. Discontent also spread to London, where more substantial concessions were made in the face of concerted collective pressure. In the west country two major disputes flared up (both described in some detail in COHSE's earlier pamphlet, *All For One*).

At Bodmin five nurses victimised for audaciously wearing their union badges on duty, were reinstated after a determined 'stay-in' strike, in which widespread material and moral support from the local community had played a significant part in their victory. In Exeter, on the other hand, the NAWU branch was defeated in its attempt to force the reinstatement of Phillip Glanville, the Branch Secretary, despite a strike lasting several months. He had allegedly insulted the Medical Superintendent during a negotiating meeting. In both these disputes women had taken the leading role. At Exeter at least it tended to be the younger women recruited during war-time shortages, whom employers said were less tractable.

NAWU's National Programme

Meanwhile NAWU was preparing for a national confrontation with the employers, as the union grew rapidly to a peak membership of 15,000 by 1920. This encouraged the union to press ahead with its national programme formulated by the National Executive Committee and approved by a special Delegate Conference in 1918. As **Edward Edmondson**, the union's President, told those assembled:

'The union is at last actually and vigorously alive. It has been a long and bitter struggle to achieve the present position, but we are now a trade union, with a trade union's kicking powers.'

The demands of the National Programme were comprehensive and assertive, including a minimum wage of £3-15s a week, equal pay for men and women, a forty-eight hour week, state registration for mental nurses, universal recognition of the union and properly established joint bargaining machinery. In January 1919 the demands of the Programme were presented to the Visiting Committees of England and Wales. Following prodding from the Ministry of Labour, which was anxious to stem the spread of industrial disputes, the employers met in conference to consider the position and invited NAWU's President to address them.

The snag was, however, that the employers wanted to see a combined Whitley Council for the whole of the local government non-trading sector. NAWU was determined to resist such moves as it would expose it to competition from local government unions in the shape of the predecessors of today's General, Municipal and Boilermakers Allied Trades Union (GMBATU) and the National Union of Public Employees (NUPE). It took the view that 'the organisation of the asylum service is the special province of the NAWU', and saw the moves as an employers' attempt to divide and govern. After a ballot of its swelling membership it threatened the employers with a national strike. But this never took place as the employers hastily agreed to the constitution of a Joint Conciliation Committee on Whitley lines, on which NAWU would have sole representation.

By April 1919 within less than ten years of its formation, NAWU had succeeded in winning machinery to establish national pay and conditions of service, and had driven an already existing competitor (the AWA), out of existence. It had established itself in everyone's eyes as the authoritative voice of asylum workers. It was a remarkable achievement and an ample demonstration of the truth of the principle that 'unity is strength'.

The employers did not, of course, immediately yield to the demands made in the union's National Programme, but important concessions were nevertheless made. Chief of these was a maximum sixty hour week, inclusive of meal times, which NAWU had previously failed to obtain by legislative action. The JCC's first award, backdated to the beginning of April 1919, also abolished payments in kind, granted enhanced overtime rates, and made other concessions. On wages, however, NAWU was less successful, for an iniquitous distinction was made between those asylums classified as 'urban' and those as 'rural'. The urban male minimum was set at £2 a week and the rural wage was to be the minimum set locally by the Agricultural Wages Board, which could sometimes be as little as £1-12s a week. Women nurses were granted 80 per cent of the male rate in each case, a long way short of the union's objective of equal pay.

This agreement applied only to England and Wales. Winning recognition and concessions from the employers in Scotland proved a much more difficult task. This was partly because membership had only recently been established, and was also due to greater divisions in the ranks of employers. While a majority of those in the public sector were favourably disposed to NAWU, the charitable 'Royal' mental hospitals were implacably opposed. After much effort, a Scottish Conciliation Committee was finally established. It only covered those in the public sector, although some of the Royal asylums observed its awards.

Not everyone was happy with these developments. Through their own organisation, the Medico-Psychological Association (MPA) — nowadays the Royal College of Psychiatrists — they condemned standard hours and overtime pay as 'contrary to the ethics of the nursing profession'. MPA accused NAWU of being unrepresentative by excluding senior officers from membership, and sought unsuccessfully to establish its own Advisory Board to the JCC for England and Wales which would have the power to veto proposals it did not like. As one correspondent to NAWU's Journal said in June 1920, the Superintendents:

'feel their God-like authority is being steadily undermined and that their previously unlimited and uncurbed powers are seriously endangered — and they don't like it.'

Yet perhaps NAWU did take some notice of their complaints, for in 1920, after the disappearance of the AWA, a separate Officers and Sub-Officers Section of the union was set up. But it may also have been created for those pioneers who were

'We are now a trade union, with a trade union's kicking powers.'

being promoted and who didn't want to lose their union membership!

Protecting the gains won

After 1920, as unemployment rose dramatically and remained high throughout the inter-war period, the union's bubble burst. But it had made sufficient gains to protect some of the advantages it had obtained. In Scotland, the JCC was disbanded and remained so until the Second World War. The drive towards unionisation had come too late. But in England and Wales, the JCC remained in existence, though some groups of employers, such as the London County Council (LCC) were not party to its agreements. Nor were any major concessions wrung from the employers in such unfavourable labour market conditions. NAWU's leadership was reluctant to put any militant demands forward, for even if they had been agreed it could have led to more employers deserting the management side.

At best, then, the JCC served to protect what had already been won. But it must be emphasised that even this was not achieved without a fierce struggle. The response of some employers to the changed economic conditions was to seek to win back some of the advantages they had conceded to the union. The first signs of this appeared at Bracebridge Hospital at Lincoln where the Visiting Committee in September 1921 withdrew from the JCC and then reduced wages by 6s a week (4s 11d for women) in line with reductions

being imposed on farm workers in the locality. Only a determined 'stay-in strike' (i.e. occupation) forced the employers to change their minds. Over the following year, however, at places as far apart as Carmarthen and Lancashire, asylum workers accepted the wage cuts imposed on them. Only at Radcliffe Asylum, near Nottingham, was any resistance shown, but it was of the most concerted kind. This was because the employers were seeking to impose increases in hours as well as cuts in wages. This the workers would not accept, and their refusal led in April 1922 to what the *Nottingham Journal* without exaggeration called 'the most sensational strike of modern times'.

The Battle of Radcliffe

The details are related in *All For One* but, briefly, this was an issue on which the local branch was urged into action by the national leadership, especially by Assistant General Secretary Herbert Shaw, who told them that:

'if one authority were permitted to scrap the 60 hours agreement, other authorities would quickly follow suit and the final outcome would be a return to the prewar hours of 84 a week!'

The male members were uncertain, but the women cajoled the men into occupying the hospital, with staff barricading themselves into the wards. They chose a form of action which had been tested at Lincoln (and previously at Cheadle Royal, Cheshire). It combined militancy with

The Radcliffe strike, 1922:
the country's first hospital
'work-in'.



minimising the impact of the dispute upon the patients. Perhaps this was a major reason why when police and bailiffs came in force to evict them, the patients fought side by side with the staff to repel invaders 'in scenes of the wildest description'. The 'Battle of Radcliffe' lasted from 1 pm to 5 pm on the afternoon of 5 April 1922, at the end of which the authorities had repossessed the hospital and the staff were evicted from the hospital grounds.

In the wake of that defeat, the union had little option but to negotiate wages reductions and an increase in hours to sixty-six a week. But at least some semblance of nationally negotiated pay and conditions was maintained in extremely difficult circumstances, and a good deal of the credit for that must go to the spirit of resistance shown at Radcliffe. While it made some concessions, the union declared: 'We will *not* go back to the vile pre-war conditions', and the strikers at Radcliffe had shown how far the resistance might go.

In the following years, the union inevitably became more defensive in character in ways that perhaps persisted even when the conditions which dictated it had changed with the coming of the health service. Everything about the union took on an air of permanence, not least its chief officials, George Gibson and Herbert Shaw, who remained in office until COHSE was formed in 1946. Even more, perhaps, it was symbolised by the sober presence of **Claude Bartlett**, who became President of COHSE in 1946 and remained in office until the 1960s.

Asylum workers on the whole ceased to complain about their lot, at least publicly. They became aware that they possessed some advantages, notably job security, denied many outside — possessed it, that is, so long as they kept a low profile and did not antagonise the medical superintendent. In a period when prices were falling, their steady incomes also made possible modest but real improvements in their living standards. But they never forgot, however quiescent they became, how much they owed what advantages they enjoyed to their union.

Shorter week campaign

In the meantime the union which, from 1931, had become the **Mental Hospital and Institutional Workers Union (MHIWU)**, continued to chip away at the employers on the JCC. It had in 1930 presented a substantial list of demands to the JCC, such as the abolition of the invidious distinction between urban and rural rates, the formation of local joint consultative committees (a far-seeing demand) and, perhaps most closest to the union's heart, the return to the

fifty-six hour week dispensed with by the employers after the Radcliffe defeat. Some concessions were made — for example, staff with five years' service would now be allowed to live out 'where practicable', and staff summoned before Visiting Committees would be allowed union representation — but no progress was made on the central demands of the union.

George Gibson, under pressure from the branches, immediately launched a campaign to establish a forty-eight hour week, taking advantage of the fact that membership was rising and a Labour Government was in power. Sadly, the union was once again caught by a change in the economic and political climate. Labour split on how to deal with the 1931 economic crisis and Prime Minister Ramsey MacDonald deserted to form a National Government with the Tories. Not surprisingly later that same year a joint working party on hours between the MHIWU and the Mental Hospitals Association (the employers organisation), failed to agree. The issue rambled on until 1934 when the employers finally agreed to restore the sixty hour week (exclusive of meal times) provided the MHIWU submitted no further claims on hours for five years. This fell a long way short of the original demand for forty-eight hours but was reluctantly accepted after a ballot of members.

Negotiations on pay proved equally if not more difficult. Members had to endure 'temporary' cuts of 2½ per cent for two years imposed on public servants by the National Government. Even when these were restored in 1934, the union did not make much progress in pay negotiations during the rest of the 1930s. No wonder the JCC became labelled the 'non-intervention committee'. The union shifted to seeking small improvements in the non-economic conditions of work, for example, in those hospitals where staff were still obliged to ask permission of the medical superintendent to marry, the Visiting Committee became the authority from whom it should be obtained!

Recruiting women

The union was in a quandary. On the whole it tended to represent the male members of staff — a change from the early 1920s when membership had been fairly evenly balanced between the sexes. Yet the employers had no shortage of male applicants. Men from the depressed areas of the North and South Wales uprooted themselves and desperately sought jobs as probationer nurses in mental hospitals wherever they could be obtained, for they were prized for their security. This undoubtedly weakened the union's

bargaining strength, although it also brought men within the ranks of the union who had considerable previous trade union experience. There were, however, serious shortages on the female sides as relatively fewer members came forward to staff the growing number of mental patients. Mental nursing for women now had to compete for recruits with factory work, office work, and other forms of professional employment such as general nursing and teaching and was generally at the end of the queue.

Here was a golden opportunity to increase membership and press the employers for improvements. Sadly it was passed by. The tendency was for the male members to see women nurses as 'bad members' and not worth the effort. On the advice of the National Executive Committee, a male-dominated Conference in 1938 defeated a proposal from **Miss Hall** from Brentwood, the only female branch secretary present, that the MHIWU should appoint a Woman Officer 'to deal with problems affecting women' and to recruit more of them into the union. Perhaps this shows more than anything how the union had in the climate of the 1930s become primarily concerned with protecting its present position than in breaking new ground.

In these terms the union certainly became gradually stronger and by the end of the 1930s passed the 20,000 membership mark for the first time in its history. It secured the loyalty of increasing numbers of male mental nurses, but it was much less successful in recruiting female nurses and drawing in non-nursing staff. The craft unions opposed MHIWU's attempts to recruit 'artisans' and the Mental Hospitals Association consistently refused to set up bargaining machinery for non-nursing staff.

There were signs here and there in the late 1930s of renewed restiveness among the membership. In Scotland, the membership was growing rapidly and the Federation of Branches were able to appoint their own organiser, **Alex White** in 1938. Local campaigns for recognition and improvements, such as the forty-eight hour week, met with some success, but it did not prove possible to re-establish the Scottish JCC. Membership was growing in London too, although mainly among men, and it had become the largest area in the union. The London District Committee had become almost a union within a union, and rather aggrieved that the centre of power in MHIWU still lay in Manchester. It also tended to be politically more to the left. It pressed the Labour-controlled London County Council to bring up its pay and conditions to those of surrounding Middlesex. The LCC stalled, exacerbating the ill-feeling

stemming originally from its previous refusal to end female nursing on male wards, a practice condemned by the union.

War effort

The Second World War stemmed the tide of rising militancy. As in 1914, the union promised support for the war effort provided that this time around members' interests were properly protected. The LCC at last agreed to negotiate improvements with the union and the JCC in January 1940 agreed a 3s increase in basic rates to compensate nurses for the increased cost of living.

In July 1941 a new national scale of wages was agreed which finally abolished the separate urban and rural rates. Shortly afterwards the Minister of Labour acted to make mental nursing a reserved occupation, so long as employers paid JCC rates. This in turn induced many employers to join or rejoin the Mental Hospitals Association, enhancing the union's reputation and membership figures. In Scotland, the employers were finally nudged into re-establishing the JCC. In 1942 the JCC at last agreed to negotiate scales for male and female ancillary workers in mental hospitals.

Ironically, the moment of broadest coverage and standing was also very nearly the zenith for the separate bargaining machinery in mental hospitals. The publication of the Beveridge Report in 1942 had recommended the creation of a National Health Service once the War was over, in which the mental health service would be included. It was almost inevitable that mental nurses' pay and conditions would be incorporated into the bargaining machinery for nurses as a whole. This was already foreshadowed in 1942 when the Government established the Rushcliffe Committee to determine the pay of nurses, and the JCC was made into a subcommittee of the main body. The writing was on the wall for the union. It desperately needed to broaden its membership base if it was to survive the competition of other larger unions like NUPE and the Transport and General Workers Union.

It was this that finally led the leadership to consider the possibility of merger with the small and struggling **Hospitals and Welfare Services Union** (HWSU), after remaining unattached for so long and having turned down several proposals from other larger organisations. The resulting marriage of the two unions in 1946 created the **Confederation of Health Service Employees** (COHSE), established on the eve of the emergence of a unified health service itself. We must now therefore turn to examine the development of the MHIWU's partner up to this point.

Chapter 2

The Poor Law Service and the birth of PLWTU

The Hospitals and Welfare Services Union (HWSU), the union which merged with the Mental Hospital and Institutional Workers Union (MHIWU) to form COHSE in 1946, was launched after the First World War as a union for Poor Law employees. The parallels with the mental health services were close. Standards of living fell in the period of wartime inflation between 1914-18 and an already established professional association, the National Poor Law Officers Association (NPLOA) did little to remedy the situation. As in the mental health services, the NPLOA was dominated by the most senior employees, in this case the Clerks to Local Boards of Guardians. Founded in 1885, the NPLOA had achieved compulsory pensions through legislation in 1896, and very little else. Ironically this contributory scheme had provided the model for the 1909 Asylums Officers Superannuation Act, which led indirectly to the creation of trade unionism in the asylums.

Towards the end of the war, a ginger group of NPLOA members, mainly representative of the middle-ranking relieving officers (who did most of the day work in relieving poverty), pressurised the Association to become a properly registered trade union. When this campaign failed, the group, under the leadership of young **Vincent Evans**, broke away to form the Poor Law Workers Trade Union (PLWTU). They met in a basement in Holborn on 7 December 1918, and drew up an initial scheme. Membership was thrown open to all ranks (unlike the NPLOA) and a Central Executive Committee established, to be elected by secret ballot of the whole membership. Evans eventually became General Secretary and remained in the position throughout the union's existence. The union had a strike clause, but was not affiliated to any political party. An ambitious Provident Fund was created to which every member had to contribute.

FEDERATION of the NATIONAL ASYLUM-WORKERS' UNION WITH THE POOR LAW WORKERS' TRADE UNION

Present Membership of the N.A.-W.U. - 18,000

Present Membership of the P.L.W.T.U. - 15,000

Combined Total - - - 33,000

Wherever there is an Asylum there is also a Workhouse in the District.

EVERY Branch of the National Asylum-Workers' Union should endeavour to assist our Colleagues of the Poor Law Workers' Trade Union, by bringing its Aims, Objects, and Literature to the notice of the Staff of any Poor Law Institution in their vicinity; by offering to assist Poor Law Officers to establish a local Branch of their Union, and by helping them in such other directions as may suggest themselves to our local Branches.

Full particulars of the Poor Law Workers' Trade Union and supplies of Organising Pamphlets, etc., can be obtained from Mr. G. Vincent Evans, General Secretary, Poor Law Workers' Trade Union, Room 7, 90, Charing Cross Road, London, W.C.2.; or from Mr. L. Wilkinson, Organiser, c/o National Asylum-Workers' Union, 27, Corporation Street, Manchester.

Rapid growth

The PLWTU grew rapidly in the following year and by 1920 reached 14,000 in the favourable employment conditions. It issued a National Charter which included minimum wages, overtime, longer holidays and trade union recognition. It was not in a position to pursue these demands with any vigour, however, because in general the membership were much less militant than in the asylums. They were split among many grades and functions, and did not possess the same degree of unity. The employers were not prepared therefore to establish the national bargaining machinery on Whitley lines that had been conceded under pressure in the asylums. A so-called Conciliation Council was briefly established in 1919 between the NPLOA and the Association of Poor Law Unions, but it collapsed in February 1920. When trade conditions worsened in that same year, the PLWTU's bargaining position was further weakened. Membership fell and it was forced to rely largely on the generosity of the relatively few boards of guardians who were sympathetic to it. This did not necessarily include many Labour-controlled Councils, for it was not affiliated to the Labour Party and hence tended to be regarded with suspicion by Labour authorities.

Given such difficulties, it seems almost miraculous that the union survived at all. That it did so is testimony to those activists who remained dedicated to the union's ideal of industrial unionism, covering all workers regardless of rank. The first response of the union was to seek to merge with NAWU, but a short lived Federation of Health Services between the

two organisations was dissolved by NAWU. It then sought to achieve 'fusion' with the NPLOA. This was agreed by the leadership of both organisations, but rejected by the NPLOA membership. The union had therefore little option but to go it alone. It changed its name to the more innocuous sounding Poor Law Officers Union (PLOU), and deleted the strike clause from its rule book. By 1923 membership had fallen to as low as 5,000, many of whom were not keeping up their dues. But after that the union managed to turn the situation, bit by bit, around.

Poplar guardians leading a London East End procession in 1921 to court in defiance of government attempts to restrict payment of relief to the unemployed (SMLH)

Recruiting all health workers

The PLWTU had campaigned early on to recruit health workers to its ranks. One of the early

Presidents of the union was **Dr Wiggins**, the Medical Superintendent of Greenwich Infirmary. It was hoped that this would encourage many nurses to join the PLWTU, rather than remaining aloof out of a sense of 'snobocracy'. 'False pride must give way to a spirit of co-operation' the union said. It began to, but the nursing power structure was extremely strong. The matron or superintendent nurse would not countenance questioning of her authority in any form, let alone 'her' nurses joining trade unions. It was a power that extended well into the probationers' future. As a nurse said in a letter to the *Nursing Mirror*:

'I feel certain that many heads of institutions trade upon the fact that a nurse will endure anything rather than lose the coveted testimonial at the end.'



There was no lack of grievances — poor pay, long hours, irksome and often petty forms of tyranny — but remedying them was another matter.

Nevertheless, after the First World War increasing numbers of Poor Law nurses began to join unions, especially the PLWTU, following reports of spontaneous outbreaks of discontent up and down the country. By late 1919, the union claimed 2,500 nurses, about 25 per cent of their membership. But it also reported cases where nurses had not joined because the matron had interfered. The most decisive struggle was in 1921 at Brentford, Middlesex when a number of night nurses were sacked for supporting a nurse who disobeyed an order that she should not go out of the hospital in her off duty time. The union's campaign was organised by **Reg Crook**, its London official, who enlisted considerable support from the local labour movement. It failed

to get the nurses reinstated, but a later court action exonerated them and secured that thing most precious to a nurse: a good testimonial. The authority of the matron was at the centre of the dispute, and the authorities made sure that it was maintained intact.

As the economic conditions worsened during the 1920s, the campaign to recruit nurses faltered. The union also faced competition from the College of Nursing, formed in 1916. This enjoyed the support and even encouragement of most matrons. They were able to point to the achievement of state registration of nursing in 1919 as a major gain for its cautious and respectable approach, at a time when it had yet to become clear that the rise in nurses' professional status would not necessarily be matched by material improvements in pay and working conditions. The union pointed out time and time again that state registration was not enough. When that truth became apparent by the late 1930s, nurses again began to join the union in larger numbers.

Finding a new identity

In 1930 the union changed its name to become the National Union of County Officers (NUCO). The Poor Law had been formally abolished (although its spirit lived on in the household means test suffered by the unemployed). Its functions were merged into local government generally. Overnight NUCO's industry and rationale had been abolished. It had to find a new identity, for its survival was now immediately threatened by bigger unions, particularly the National Association of Local Government Officers (NALGO) whose base among ex-Poor Law employees was strengthened by its absorption of the National Poor Law Officers Association (NPLOA).

At first NUCO campaigned chiefly on behalf of transferred Poor Law officers. Gradually, however, it sought to recruit the growing numbers of hospital employees, particularly in London and the north of England. In the process it became something of a maverick union. It remained 'non-political', yet adopted an increasingly militant industrial stance. It decided to affiliate to the Trades Union Congress in the early 1930s. However, its non-affiliation to the Labour Party led it to criticise and campaign against the Labour-controlled LCC's treatment of staff — for, ironically, not being true to socialist principles — when affiliated unions like NUPE held back.

But the union survived and even began to grow. Its campaigns were initially spearheaded by





Gruelling conditions: hospital kitchen and laundry staff in the 1920s. Ancillaries were being recruited into the union at this time (RTHPL).

nurses — its most militant group — but they were subsequently joined by other groups, including ambulance personnel, porters, stokers and pharmacists. But nurses led the way. The reason was clear. They were the largest element in the hospital workforce, and as *Labour Women* declared in 1937 'nurses must organise', for the only alternative was 'no organisation — no progress'. Well-meaning efforts by others had all come to naught. The press had highlighted their problems. Doctors had campaigned for a modernisation of nurse training, pay and conditions. In 1930, Fenner Brockway, then a young Labour MP, had unsuccessfully presented a Bill to limit their hours along the lines of other workers, as well as setting a minimum wage for students of £40 a year (when the going rate was nearer £20).

'Professional' opposition

One of the biggest obstacles of all was the professional organisations purporting to represent nursing opinion. Instead of pushing for improvements, they generally opposed them. They tended to express the views of the employers — not surprising given that their affairs were almost totally dominated by matrons and senior nurses. They opposed Fenner Brockway's Bill, the College of Nursing, for example, claiming it was 'not in the interests of the nursing profession or of the public.' They thought that if anything students were already receiving 'abundant pin-money' in return for a valuable training. Not surprisingly, it was more in favour of increasing the pay of senior nurses instead (which would not add greatly to the overall salary bill). Their opposition killed the Bill.

Yet if letters to the nursing press are anything to go by, there was widespread support for the Bill at rank-and-file level. 'The Labour Party are trying to do for us hard working women what our leaders will not do for us' wrote one nurse to the *Nursing Mirror*. 'It seems to me that those who protest against the Bill are chiefly matrons' observed another. 'Is not too much stress laid upon the nurses' vocation?' asked one calling herself 'Practical Modern Nurse':

'Surely in these advanced times nurses are entitled to be treated as workers and, therefore, have sensible hours and a living wage?'

Such 'modern practical nurses', dedicated enough to nursing but not to the exclusion of a life of their own outside the hospital gates, formed the backbone of support for the spreading trade unionism. The bargaining position of nurses was also improving. Levels of skill were rising with improved standards of care and there was a perennial shortage of recruits to the expanding hospitals, problems highlighted in the 1932 Report of the *Lancet Commission on Nursing*.

Yet this did not mean improvements would fall into nurses' laps without them becoming more active on their own behalf. Public sympathy was there, but it was up to nurses to utilise it. As the *NUCO Gazette* put it in 1932:

'Let nurses get this firmly fixed into their heads; that only by organised effort will they achieve reasonable working conditions and fair salaries. It is not a bit of use envying other organised workers' wages and conditions.'

Guild of Nurses

The campaign for improvement was spearheaded by the Guild of Nurses, as the nursing section of NUCO was known. Vincent Evans recruited **Iris Brook** as organiser after reading an article she had written on 'How Nurses Suffer' for the *Daily Herald*, the labour movement's newspaper. At ground level the organisation of nurses was often pioneered by the small but growing number of male nurses. They tended to be much more trade-union orientated, but were in any case excluded from membership of the College of Nursing. The Guild was mainly based in London, but also found adherents in the Manchester area and the North East of England. Many were more politically committed than the old generation of NUCO members. For example, Iris Brook was a leading member of the Socialist Medical Association, which had in the 1930s begun its long campaign for a National Health Service.

The Guild was prominent in campaigning for local authorities to implement the demands of the 1937 TUC's Nurses Charter. This included such demands as:

- 96 hour fortnight
- overtime pay
- 1 month's holiday
- adequate sick leave with pay
- abolition of unnecessary discipline
- national pay bargaining machinery

At the behest of NUCO, the TUC sponsored a Bill in Parliament to legally enforce some of its key demands, especially the ninety-six hour fortnight. Yet again legislation was opposed by the College of Nursing and other professional associations. This time, however, the Bill was only very narrowly defeated and the Government had to promise to set up an independent Committee of Enquiry into Nursing, under the Earl of Athlone.

Meanwhile the Guild launched a militant campaign to see the Charter implemented in the localities. The main target was the Labour controlled LCC, the biggest hospital authority in the country. But hopes in 1937 that it would implement at least a ninety-six hour fortnight and abolition of 'spread-over' hours (split shifts) were not fulfilled. The Guild therefore organised deputations and, when these failed, masked demonstrations and protest meetings. It even disrupted Council meetings by showering leaflets down from the public galleries. It accused the LCC of wanting to spend money on hospital buildings, but at the expense of the needs of staff. The LCC refused to recognise the Guild, but it did yield to pressure and eventually implemented a ninety-six hour fortnight and abolition of split



Nurses in the late 1930s: demanding a ninety-six hour fortnight. Left: a NUCO publicity stand in 1942, urging nurses to help the War effort.



shifts. The Guild had won its most significant victory.

As for the Committee under the Earl of Athlone, that did not report until 1939. A wide number of reforms were suggested, many of them lifted almost verbatim from the TUC's Charter. Unfortunately, the coming of War in September 1939 led the report to be put on the shelf to gather dust.

Laundry, ambulance staffs, porters . . .

Nurses may have been in the vanguard, but other groups of NUCO health workers also campaigned for improvements. Sometimes protests included all grades, nurses and non-nursing personnel, such as those organised by NUCO in 1934 and



1935 aimed at arresting the deterioration of the pay and conditions of workers transferred to the LCC from the Poor Law hospitals of the Metropolitan Asylums Board in 1930. Sometimes workers took sectional protest action of their own. For example, laundry workers protested at the LCC's plan to centralise their services and bring in 'industrial' methods, such as time and motion study. Ambulance workers protested at the LCC's new grading structure of 1935 which defined them as 'drivers' rather than health personnel at a time when the skill content of their work was expanding due to growth in the number of road accidents. The grading structure had been negotiated with other trade unions like NUPE and the TGWU, and NUCO was excluded from this machinery at the connivance of both unions and management.

NUCO ambulance workers organised themselves into a Guild on the same lines as nurses and pressed in 1935 for a far seeing set of demands, including:

- a nationalised ambulance service
- uniform pay scales and shift system
- overtime pay
- sick pay
- paid holidays

Porters were another group actively discontented in the late 1930s. In 1938 NUCO agitated against the system of compulsory sleeping-in. Then in 1939 it took up the cudgels on behalf of those so-called 'temporary' adult porters whom the LCC had dismissed in favour of eighteen year olds taken on at a lower rate of pay. In fact the irony was that NUCO proved to be something of a thorn in the flesh of the LCC, a formally non-political union, which constantly reminded it of its socialist responsibilities to those who worked for its health services.

Much of the criticism was aimed at the LCC's adoption of management techniques originally pioneered in private industry. An anonymous stoker complained to the *Gazette* in 1936 that the prime aim was to save money. The hospitals had been transferred from the 'Guardians of the Poor' to the 'Guardians of the Rich'. As a result, he argued,

'the Public Service today is being measured in terms of pounds, shillings and pence: the human element is no more.'

This became a much more familiar complaint again in the 1960s, when it yet again led to growing discontent, unionisation and ultimately, by the 1970s, industrial action.



Two occupational areas in the public service into which the unions were able to extend recruitment during the inter-war period: pharmacy in a large London hospital and an ambulance worker employed by the London County Council (RTHPL).

One union for all health staffs

NUCO's membership reached the 15,000 mark towards the end of the Second World War and spread into new areas, such as ancillary workers in the voluntary hospitals. Many members were, however, in arrears, and the ambitious Provident Scheme of 1919 was now draining union funds, particularly the over-generous pension scheme. As a result, the union — which in 1943 changed its name to the Hospitals and Welfare Services Union (HWSU), was in financial difficulty. However, the reasons for amalgamating were not simply practical financial ones. The union was genuinely committed to developing industrial unionism in the promised National Health Service, and to the creation of a socialist health service as much, if not more, so than MHIWU. For example, the HWSU sponsored three Labour candidates in the 1945, General Election the MHIWU none.

Founding the NHS

Both, HWSU and, MHIWU played a prominent role in the fight for a National Health Service. This had been recommended by the Beveridge Report of 1942 as part of a comprehensive plan for post-war reconstruction and the creation of a welfare state. The wartime Coalition Government was, however, dominated by Conservatives, who initially reacted very cautiously to the plan. The

Socialist Medical Association (SMA) campaigned vigorously to make sure that the report was not buried. Many of the leading SMA activists — such as **Iris** and **Charles Brook** and **Dr H B Morgan** — were active members of the HWSU. Both the HWSU and the MHIWU participated in the SMA's Health Workers' Council of both unions and professional associations sympathetic to the creation of a NHS, and prepared to campaign for its creation.

The HWSU in particular was instrumental in gaining TUC support for the campaign by submitting a successful motion to Congress in 1942 demanding that the Government take full central control of hospitals, ambulance and first aid services to meet wartime needs, and to extend and develop this as 'a post-war policy'. In particular, the motion called for 'democratically elected supervising bodies in each region'. In 1944, the TUC, prompted by the HWSU, urged that steps be taken to:

'ensure full democratic control of the NHS, in order that the interests of all engaged in the service might be safeguarded and bureaucratic rigidity avoided.'

The Health Workers Council, although welcoming the commitment to introduce an NHS in the Government's White Paper of 1944, also criticised it for 'failing to outline a comprehensive

George Gibson, COHSE's first General Secretary, addressing a meeting of health workers in 1935.



health service, but mainly concerned in introducing a medical treatment service'.

The HWSU developed these points in its own detailed 'Examination' of the proposals. If these two issues of democracy and the creation of a preventive health service which, as the HWSU put it, 'brings the country's full resources to bear upon reducing ill health and promoting good health in all its citizens' had been acted upon, it might have proved possible to avoid many of the problems that later beset the service. However, **Aneurin Bevan**, the Labour Minister of Health from 1945, felt that he had no alternative but to accept the doctors' insistence that there would be no 'lay interference' from democratically elected bodies. Bevan's achievement in getting the NHS off the ground was a great one — but a price was paid.

Amalgamation

The merger of the Mental Hospital and Institutional Workers Union and the Hospitals and Welfare Services Union was partly a marriage of convenience, but grew also out of a desire that trade unions should both fight for and become strengthened within the new service. For both these purposes the two unions needed to muster whatever strength they could. New bargaining machinery was being established, initially out of wartime committees to deal with shortages by setting minimum rates for nurses and ancillary workers (the Rushcliffe and Hetherington Committees respectively). Eventually, however, Whitley Councils were to be established for all grades and the scramble for seats had already begun.

The eventual merger was not easily achieved. There were doubts within MHIWU regarding the financial state of HWSU, but eventually the proposals were put to ballot of the membership and approved. George Gibson played a key role in persuading MHIWU doubters of its necessity. One of the most contentious issues was the proposal that the new organisation should be based much more on the full-time area organiser system of the HWSU with officials in all NHS Regions. The MHIWU had traditionally relied on its part-time branch secretaries. HWSU and its predecessor had relied much more on its full-time officials, reflecting perhaps its weaker degree of organisation. In the event, however, the HWSU system was adopted, although in other respects MHIWU was the dominant partner in the Amalgamation. Head Office, for example, remained at Manchester and George Gibson became COHSE's first General Secretary.

What title?

The title — Confederation of Health Service Employees — had been suggested by the MHIWU at a joint meeting of the two unions on 22 June 1944, partly because it was felt that 'there was an objection, maybe a "snobbish" one, to the word "union"'. However, it was not simply a defensive title. The idea of a Confederation was felt to be 'all-embracing', expressing the unity of all staff and allowing for the expression of the views of 'any particular or specialist service'. It was also felt that 'COHSE' was the best way of shortening the title, because it presented the image of 'a real "cosy" and progressive organisation'. Achieving a balance between representing sectional interests and integrating these into a unified whole, was therefore seen as the prime aim of the new organisation. It would be forward looking for, as George Gibson and Vincent Evans put it in a joint statement of September 1945:

'We are facing a new era. It is going to be an important one. The Minister has intimated that the changes are likely to be "revolutionary". What every hospital employee has wanted for years has now become a fact: a strong trade union representing the majority of organised hospital employees . . . We now have the opportunity, providing we all have the will, of creating the strongest and most effective trade union organisation in the country.'

Only through unity among all grades of staff — and ultimately a single union for all health workers — could health workers' aspirations be realised. The guiding philosophy was that all workers in the health service team contribute to the well being of the patient. They are therefore a single community and the principles of industrial unionism seek to overcome the artificial divisions which sectional professional associations often exacerbate. It is admittedly an ideal which is not always easy to realise in practice, but it is at the heart of what COHSE stands for.

On 8 December 1945, a historic joint meeting of the Executives of the HWSU and the MHIWU took place, which approved the COHSE Rule Book and conducted the funeral rites for the two disappearing organisations. On 1 January 1946 the Confederation of Health Service Employees finally came into being, with a combined membership of 40,000. The first steps towards one unified voice for all health workers had been taken. The first phase in the history of health service trades unionism had been brought to a close. Only the future would tell whether the hopes and aspirations embodied in the Confederation would be realised.

'The first steps towards one unified voice for all health workers had been taken.'

C.O.H.S.E.

With this issue a new chapter opens in the history of this *Journal*, and the Union it has served faithfully for so many years.

Henceforth it will have a wider appeal and a greater responsibility. With the amalgamation of the Mental Hospital and Institutional Workers' Union and the Health and Welfare Services Union into the **Confederation of Health Service Employees** this *Journal* becomes the official organ of a great and growing body of more than 40,000 workers in every Branch of the Health Service. Hitherto, its vigilance has been focussed on the Mental Hospitals and Mental Deficiency Institutions, and its constant endeavour has been to improve the lot of workers in these Institutions. It can look back with pride upon the part it has played in improving salaries and conditions in the Mental Health Service since that diminishing band of stalwarts headed by George Gibson, our General Secretary, founded the National Asylum Workers' Union 35 years ago. But Trade Unions, like Governments, must change with the times. Much has been gained by sectional effort, but progress demands that we pool our strength with all Health Workers in order that the new National Health Service shall be established on firm and secure foundations.

When the old N.A.W.U. was founded it announced its objects in the following words: **"The end and aim of a Trade Union is that men should rule and not money; that capricious autocracy should be replaced, or at any rate, restrained by an intelligent and representative Government, regulated by the general body of all classes of workers."**

We have gone far towards that goal, though a reactionary Rip Van Winkle attitude still prevails among many of our hospital administrators and local authorities, and the need for wise and watchful Trade Unionism remains as strong as ever.

There never was a New Year which opened with the promise of such far-reaching changes in the character and constitution of Britain's Health Services. From last year's disappointments of a White Paper plan for a unified service whittled down and weakened by surrender to vested interests, has arisen hope renewed of a *real* National Health Service in which no sectional selfishness will be allowed to over-ride the nation's need.

Mr. Aneurin Bevan, the new Health Minister, is tackling the job with vigour and determination, and no one doubts that the forthcoming National Health Service Bill will be so comprehensive in scope and so radical in reform that powerful forces of opposition will be marshalled against it. We must see to it that our opponents no longer hold the trump card of playing one section off against another. If we are to have a national code of nursing for all hospitals, no matter how large or how small, we must act up to the motto on which the old N.A.W.U. was founded:—

*"All for one; one for all,
Thou shalt love thy neighbour as thyself."*

COHSE is born: the somewhat understated announcement of the new union in its first *Journal Health Services*, January 1946.

COHSE and the early NHS

The health service started with an enormous fund of goodwill with most of its staff which, harnessed properly, would have grown immeasurably. Instead, that goodwill was squandered as successive governments showed much greater concern with holding down the wages bill than in improving staff welfare.

But governments made the mistake of thinking that because that fund of goodwill was deep, it was bottomless. It was inevitable sooner or later that health workers and their organisations would reach a point beyond tolerance, and feel that they had no option but to confront their employers and even take industrial action. That lay a considerable time in the future, but the roots undoubtedly lay in the early and progressive disillusionment with the hopes that had greeted the founding of the NHS. COHSE and its predecessors had long campaigned for nationally uniform pay and conditions in order to lift up the floor. They now saw to their horror that these were being cynically used to hold down the living standards of health workers.

Out of the bunker: free, equal health care during the Second World War was one of the major factors in building up support for the birth of the NHS in 1948 (Keystone).



Management took this course on the clear assumption that staff would never contemplate industrial action.

As two objective commentators (Clegg and Chester) concluded as early as 1957 in *Wage Policy and the Health Service*:

'Among the many reasons for differences in pay between the Health Service and the engineering or mining industries is that the employers in these industries fear the unions more than the management sides fear Health Services staff organisations.'

The element of fear and respect in negotiations was missing and they became notorious for delays due to stalling by management. Behind them lay the government, the 'ghost' at the bargaining table, which held the all-important purse strings. But there were other reasons for workers' difficulties in making an impression on management, notably the existence of many competing organisations, none of whom had any decisive membership strength to back up their negotiations. If COHSE's dream of one union for all staff had been realised, the story might have been very different.

Difficult years

The truth was that the immediate Post-War years were not easy ones for COHSE. The environment in which it was seeking to operate was not an amenable one, and the union was also experiencing internal difficulties of its own. The first problem was the inevitable strains and stresses caused by the amalgamation, but on top of this there was a vacuum in leadership at the top. Vincent Evans died shortly after COHSE came into being. Herbert Shaw, who had carried much of the burden of George Gibson's increasingly frequent absences on outside official bodies, died shortly afterwards. Gibson himself resigned in 1947 to become Chairman of the North Western Electricity Board. A minor but damaging scandal cut his public career short and he died in 1953.

Gibson was succeeded by **Cliff Comer** in 1948 who had long been the union's official in the south. His style brought him into frequent conflict with his National Executive Committee and he retired, ostensibly due to ill health, in 1953. Nevertheless, he held the union together through extremely difficult years and set COHSE on the path of modest growth in membership.

The new health service was beset by all kinds of difficulties; the severe post-War economic crisis and 'austerity' measures, the widespread staff shortages in many grades, and the threatened boycott (which never materialised) of the British Medical Association. That the NHS got off the

ground at all was a tribute especially to the Minister of Health, **Aneurin Bevan**. But compromises were made, chief of which were that most workers wages were squeezed and the administrative and professional elites who dominated the service before were allowed to retain their power. There was very little popular or industrial democracy (except for the most senior personnel in the service).

COHSE had put the causes of staff shortages and the remedies very plainly in 1946 in its comprehensive document: *The Hospital Services*. There needed to be improvements in wages and conditions, but the whole administration of the health service needed shaking up. Trade unions should be given open and unrestricted freedom to operate at local level and the authoritarian system of management should end. It called for an elected system of organisation, separate from local government (very similar to COHSE's policy today), and argued for a massive investment in new buildings, but not necessarily in large



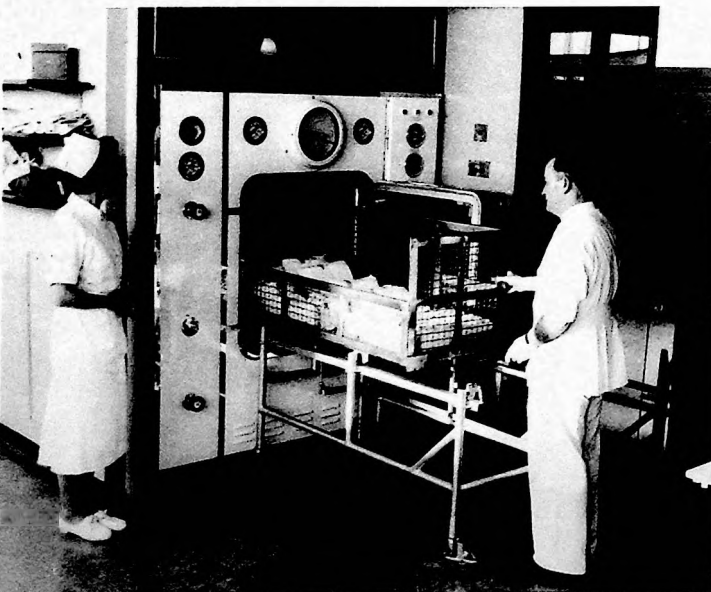
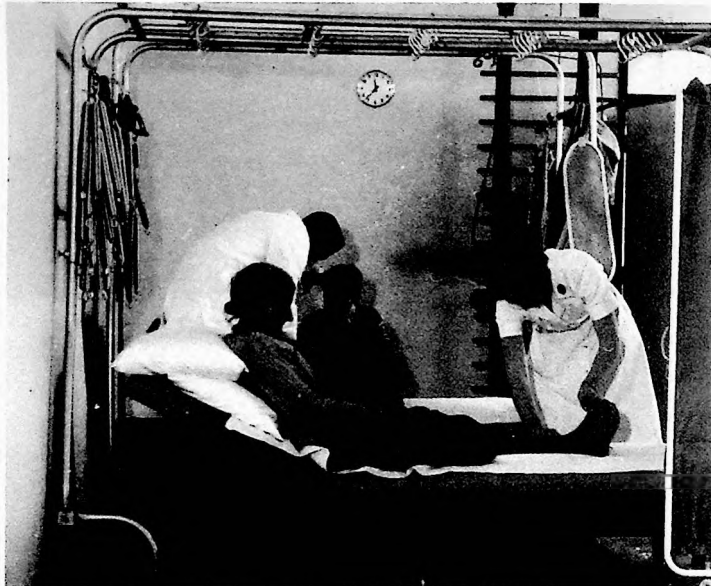
Labour's Aneurin Bevan, founder of the NHS.



Minimum wage: one of COHSE's earliest campaigns after the founding of the NHS was for a £5 a week minimum for student nurses (RTHPL).

Whitley: new pay bargaining machinery led to 'enormous and invidious' distinctions among different staff groups (Keystone).

hospitals because there was a need 'to maintain that personal relationship between staff and patients.' It was a remarkable document, showing how perceptive COHSE was in identifying the problems that would later become only too apparent. The union was not heeded, for the Ministry of Health was, at that time, too concerned to make compromises with the very interests which COHSE attacked.



Whitley is born

We can see how this operated in relation to the setting up of the Whitley bargaining machinery. All professional associations were allowed on if they could show any membership. The system was split into nine Functional Councils, each with staff and management sides:

Nurses and Midwives Council	(NMC)
Ancillary Staffs Council	(ASC)
Administrative and Clerical Staffs Council	(A&C)
Professional and Technical (A) Council	(PTA)
(mainly patient contact)	
Professional and Technical (B) Council	(PTB)
(mainly non-patient contact)	
Pharmaceutical Council	(PC)
Medical Council	(MC)
Dental Council	(DC)
Optical Council	(OC)

These negotiated rates for different grades. In addition a General Council was set up to negotiate common conditions and procedures, which could have been a means of combatting the fragmentation of the bargaining system. However, very few common terms and conditions were negotiated. Most were settled by the Functional Councils, allowing management to buy off some groups at the expense of others.

Enormous and invidious distinctions developed among different staff groups, for example, on such basic terms and conditions as hours and holidays. Until compelled to do so by employment legislation in the 1970s, the General Council never had sufficient unity to negotiate something as basic as a disciplinary procedure to protect NHS staff, nor procedures for remedying grievances.

These problems were compounded by the fact that the professional associations had a majority of seats on the General Council, and dominated many of the key Functional Councils, such as the NMC and PTA Councils.

As far as local level organisation was concerned, provision was eventually made for Joint Consultative Committees in which recognised unions and professional associations would be allowed to participate. This mattered little for local management on the whole did not take many active steps to involve staff in decision-making. Overall unions were too weak to enforce it, and the Ministry too cautious to compel it.

One of COHSE's biggest disappointments was the exclusion of ambulance personnel from the NHS. Against its advice the service was left in the hands of local government and until the late 1950s COHSE continued to be excluded from the pay bargaining machinery. The union continued

to campaign vigorously for a nationalised ambulance service, paving the way for its integration into the health service in 1974.

COHSE's new position in the NHS bargaining system was underlined by the fact that although it was represented on more Functional Councils than any other organisation (seven out of nine), it was not in the dominant position on any. This contrasted with the past when MHIWU at least had an unchallenged if confined base among mental nurses. The difficulties of staff generally were underlined by the composition of management sides, which were strongly weighted in favour of the Ministry. The main operational authorities, the Hospital Management Committees (HMCs) were originally excluded. This inevitably (and perhaps was meant) to create a system much more responsive to government concerns with cost than local employers' desire to deal with problems affecting the service, such as shortages.

Some early victories

COHSE therefore failed a long uphill struggle, but there were some early victories. In 1948 it fought a vigorous campaign on behalf of student nurses — at the moment when the NMC was being set up. The campaign was led by male student nurses with families, particularly from Claybury and Goodmayes Mental Hospitals in the London area, who found it extremely hard to live out on their meagre allowances. The now 'Royal' College of Nursing was arguing that achieving student status was more important than pay, but COHSE set its priority of a £5 minimum weekly wage for student nurses. The campaign blazed a light when the outgoing Rushcliffe Committee, in handing over to the NMC, gave students a £15 a year increase which left them worse off than before as it was not sufficient to cover heavy superannuation and national insurance contributions.

To back up its claim COHSE conducted research of its own, asking student members to supply budgets. These showed that many were surviving on the edge of subsistence, and then only managed to do so with help from parents. For example, Helen Morgan, a pupil nurse from Greenwich, wrote: 'Hairdresser not able to afford. Not able to save. Cannot afford seaside or country holiday.' This despite the fact that her parents paid her fares home and provided 10s a month pocket money. A male pupil nurse from London said: 'Nothing to spare for holidays or even to buy seeds for garden.' The culmination of the union's campaign was a demonstration through London to back up the ultimatum it had

given to the new Whitley Council. Student nurses at Claybury had gone further and threatened to resign en-mass from 1 October. The demonstration took place on Sunday 15 August, 1948, just a few days prior to the NMC meeting. A 1,000 strong march set off from Trafalgar Square headed by slogans such as 'Never has so much been done by so few for such little pay.' 'Florrie's lamp is going out — she can't afford oil on nurses' pay,' and 'A noble profession deserves a living wage.' Many were students who had come straight from night duty, without sleep. When they reached Hyde Park they gathered round a coal cart borrowed for the occasion to listen to speeches. They were joined by an estimated 20,000 members of the public. To cheers, the assembly carried a resolution demanding the £5 minimum wage. The nursing press regarded it all as rather undignified, especially the coal cart!

Negotiations continued which by October produced substantial increases. For some, if extra allowances were included, the agreement amounted to COHSE's demand for the £5 minimum wage. But more important than the amount was the principle that had finally been established that student nurses deserved a living wage. The old professional attitude that it should just provide pocket money had been decisively defeated. But for most student nurses, the actual amount in their pay packets still fell a long way short of that objective.

Get TB prescribed!

The other memorable victory was the realisation of the union's long standing goal to have tuberculosis scheduled as an industrial disease. Following the 1946 National Insurance Act, it was now possible to claim industrial injury benefit where illness could be shown to be due to an 'accident' or 'series of accidents' arising out of and in the course of employment. **Doris Westmacott**, the union's National Woman Officer (and previously a Guild of Nurses organiser in the 1930s) won a successful case in the Appeal Court for compensation on behalf of Nurse Pyrah, against Doncaster Corporation. Unfortunately she did not receive it because she had died of the disease, but the principle had been established. Other cases followed: the TUC also brought pressure, and eventually the Minister of National Insurance, Edith Summerskill, accepted in 1950 that TB should become a scheduled industrial disease. Research in the 1940s had established that nurses stood a higher chance of contracting the disease.

By the early 1950s it was apparent that health

'Many student nurses were surviving on the edge of subsistence.'

'50s scenes: a casualty ward in a general hospital (RTHPL) and a psycho-geriatric unit in a Lincolnshire mental hospital.



Nye Bevan at COHSE Conference in 1950, where he congratulated COHSE for its role in helping to set up the NHS. 'We've done a pretty good job. Very much more than we are given credit for,' he told delegates. National President Claude Bartlett and General Secretary Cliff Comer are fourth from the right and second from the left, respectively.



workers generally were becoming increasingly disillusioned with Government attempts to hold down their wages, through an incomes policy which bore down heavily on the lowest paid. But this did not lessen their enthusiasm for the health service itself. Health Minister Aneurin Bevan, who had steered it into existence against combined BMA and Tory wrecking attempts, was given a tumultuous reception at COHSE's 1950 Conference, when he congratulated members for having done 'a pretty good job. Very much more than we are given credit for.' COHSE's concern that too few trade unionists had been appointed by the new boards and committees was put to one side.

Despite Tory alarms, demand for services under the new NHS had stabilised and the transfer of buildings and staff had been effected smoothly. But behind the mutual congratulations, serious tensions were developing between COHSE and the Labour Government. Claude Bartlett, as union President, was already calling for a review of what he called the 'cumbersome and completely unbalanced Whitley Council machinery', especially singling out its effects on ancillary workers: 'Quite frankly, I am amazed now many of them find it possible to make ends meet.' Under the health service, they had become one of the lowest paid groups of workers in the country.

The 'affluent' Fifties

Bevan resigned from the Government shortly afterwards, over the introduction of health charges. By 1951 Labour was out of office and destined to remain in the wilderness for thirteen years. The Tories did not dismantle the health service — it was proving too popular — but they did not particularly attempt to deal with its growing problems, for example its ancient and decaying stock of buildings. Naturally they also sought all means, fair or foul, to exploit the inbuilt inefficient tendencies of the Whitley machinery to their own advantage. There were plenty of negotiations but often very little to show at the end of them as the Government exerted behind-the-scenes pressure on management sides. As living standards rose generally in the economic boom, health workers saw with increasing alarm that theirs were slipping behind.

These were also difficult years for COHSE as an organisation. Cliff Comer's resignation as General Secretary in 1953 for what he described as 'purely personal reasons', could not have occurred at a worse time for the union. COHSE was a long way short of realising its original dream of an industrial union, and the



Government had recently issued its notorious 'dilution' Circular (53) 54 which encouraged HMCs to employ more assistant nurses to replace the large numbers of student nurses in mental hospitals who did not complete their training.

Comer was replaced by **Jack Waite**, a mental nurse from Wakefield, who had been a national official since 1937, and thoroughly schooled in MHIWU methods. He was the last of the inter-war generation of mental nurses to lead the union. Under his period of leadership, between 1953 to 1959, the union became preoccupied, and to some extent bogged down, in dealing with the problems of the mental health sector. COHSE membership stagnated, while that of its competitors, notably NUPE, grew by leaps and bounds. Its attempts to recruit general nurses had been fended off by the RCN, with the help of most matrons in the hospitals.

Student nurse campaigns

The problems of the mental health sector were real enough. They had been incorporated into the NHS, but precious little of a positive nature had yet come of it. For COHSE, the basic problem was staff shortages, and this was due primarily to low pay, particularly for student nurses. One chief male nurse stated to a conference convened by the RCN in 1952 that many of his students had left to become bus conductors, factory

workers and lorry drivers. Another said that hospitals could not compete with the local rate of £9 a week for unskilled nurses and said, 'and that is where my student nurses have gone'; 80 per cent of student mental nurses left before completing training, compared with 40 per cent in general nursing. Yet instead of improving pay levels, the Government's response was the 'dilution' circular encouraging their replacement with untrained staff.

COHSE's response was to slap in a claim for a £50 a year increase to bring the mental nurses 'lead' over general nursing to the £90 a year paid to nurses at the 'special' hospitals of Broadmoor, Rampton and Moss Side. When this was only partially secured, the pressure within the union mounted during 1955 and 1956 for it to take some kind of official industrial action, which had already erupted spontaneously in the London and Lancashire areas. Staff had been angered by the Government sponsored 'mental health exhibitions' which sought both to influence public attitudes to mental illness, and its treatability, and to improve recruitment of staff. For COHSE this was no substitute for improvements in pay, and staff spontaneously organised demonstrations against them, carrying placards such as 'Student Nurses Wanted: To Work Themselves to Death'.

An unofficial overtime ban had spread by February 1959 to 33 hospitals, involving an

Mental nurses demonstrate in Manchester in 1956 against a Government sponsored mental health exhibition which tried to gloss over the problems in the psychiatric hospitals of desperate underfunding and staff shortages.



The new NHS: establishment of free health centres led to a substantial drop in the number of infant deaths
(RTHPL)

estimated 10,000 members. Conditions were certainly appalling, as three articles in the *Daily Express* revealed in September 1955: overcrowding in hospitals 'more or less rotten' were made intolerable by a desperate staffing situation. Whittingham's establishment for its 3,107 patients (then the largest mental hospital in Europe) was 324 full-time staff, who were instead looked after by 201 staff, 84 of whom were part-time, with support from only 10 medical staff. Merrick Winn, the author of the articles, described how chronically ill patients received no treatment and were locked up in overcrowded wards in conditions that 'would not be tolerated in a doss house'. Such circumstances put staff in an impossible position. In theory, psychiatry was coming out of the dark ages, but staff were expected to implement the new philosophies in worsening conditions. Behind the demands for better pay and working conditions lay deep concerns about the changing role and status of mental nurses and the bind they were being put in.

The industrial action led to some increased resources being made available to mental hospitals in the North-west, but pay negotiations dragged on. The NEC was reluctant to make the action official and even though members voted in favour of this at the Llandudno Conference 1956, the NEC subsequently delayed its implementation. The dispute dragged on through 1957 and the ban was introduced selectively. Internal dissension mounted, with accusations that hesitation had damaged the union's campaign. **Albert Spanswick**, then one of the younger generation of branch secretaries, made this point emphatically. **Bob Vickerstaff**, a future President of the union, was also one of the NEC's sternest critics. The ban was eventually called off in 1958.

Jack Waite also retired in September 1958. He was replaced by **Jack Jepson**, the Southern National Officer and ex-Poor Law official, finally breaking the ex-MHIWU officials' monopoly of

power within COHSE's leadership. It remained to be seen what this would lead to in practical terms.

A national ambulance service

Mental nursing affairs did not absorb all of COHSE's energies during the 1950s, although an outside observer might have been forgiven for thinking that they did. COHSE was active on other fronts, too. The problems of ambulance workers were also prominent, and COHSE's exclusion from the bargaining machinery, as well as its professional ethos, led it to take up the wider issues affecting the service. It pressed for higher standards of training and fought attempts by some local authorities to merge fire and ambulance services. It co-operated with the Fire Brigades Union and scored a number of successes, most notably in 1954 in resisting a merger in Blackpool.

COHSE continued to wage a campaign with the TUC for a nationalised ambulance service, arguing that separation from the hospital service resulted in poor co-ordination and loss of efficiency. Due to opposition from larger unions, the motion was remitted and disappeared within the TUC's labyrinthine structures. The service itself was being revolutionised by means of centralised radio control, which led to an increasing load of cases, many of whom were now routine hospital appointments rather than emergencies. Like mental nurses, many ambulance personnel were concerned that their job was being de-skilled, and COHSE tended to act as spokesperson for this group.

44 hours for ancillaries

The biggest issue among ancillary workers was the battle to reduce working hours from forty-eight to forty-four a week. Pay and conditions were lagging behind those of private industry with inevitable effects on staff shortages and the quality of those who were being recruited. In February 1956, one MP claimed in the House of Commons that 'the calibre of those recruited is such that many of our porters ought to be patients. Instead of wheeling bodies around they should be wheeled around themselves.' Ancillary workers' hours were also worse than those of most other groups of health service staffs — for example, those of white collar and professional staff ranged from thirty-three to thirty-nine hours a week. But ancillary management continued to resist the staff side claim for a forty-four hour week, in part because nurses were still working

'Old Man Whitley ('E Don't Do Nuffing)'

*And Mr Whitley shook his head, and answered with a sigh
'Of course, my dear, I know quite well the cost of living's high,
And I admit my Council is a useless, total loss
For we don't fix your rates of pay; the Treasury's the boss,
And if my Council members the Treasury don't please
They haven't got a hope in hell of getting OBE's
Oh! yes we gave the doctors their generous rates of pay,
Because we got a little scared about the BMA
And the railwaymen and dockers? Their increases were right,
For otherwise the Minister would have sat up all the night.
But you who work in hospitals are simple, kindly folk
Who would never dream of striking however much you're broke!'*

forty-eight hours, and management did not want to set a precedent.

Once again the Whitley 'charade' or 'roundabout' as it was variously called by COHSE members, presented itself to full view. The claim went unsuccessfully to arbitration on three occasions between 1951 and 1956. Management's logic, accepted by the Industrial Court, was that shorter hours would worsen existing staff shortages! It did not see that it might improve them by making the service more attractive to potential recruits. Only when members of all unions started to organise themselves in 1957, by holding massive regional protest rallies and urging the NEC to take 'drastic action', did the management side cease its delaying tactics. Alarmed by the protests, it hastily agreed *within a single day* to a two-stage implementation of a forty-four hour week by 1958. Nurses received it the same year — at least in principle — but no additional resources were provided to cover the resulting shortfall in staff. They had not threatened drastic action and it was left to individual hospitals to put it into practice as and when conditions permitted. Most mental hospitals (where COHSE was strong) implemented it quickly, but in many general hospitals it was delayed for several years. This illustrated how deviously the Functional Council

system operated between nurses, and ancillary workers, and even among nurses themselves.

Restoring lost ground

Not surprisingly, satirical poems about 'the Whitley system began to appear with increasing frequency in the union Journal, *Health Services*, such as the one entitled 'Old Man Whitley ('E Don't Do Nuffing)'. His 'reply' in 1955 to a nurse who asked him for a pay increase is set out in the poem above.

In 1959, however, 'Mr Whitley' did offer a few more crumbs than usual. The NMC negotiated its 'biggest ever overhaul' of salaries with increases ranging from 5 to 22 per cent. The mental lead payment, after tough bargaining, had been increased by a further £50 a year. It was, of course, a general election year. A reasonable pay deal had been achieved, even though it did little more than restore the ground lost during the 1950s, and no extra funds had been provided to implement the forty-four hour week. In the space of just a couple of years, nurses and other health professionals would be forced out on to the streets in large numbers to protest against a Conservative Government that was yet again prepared to see their pay and conditions deteriorate, now that the election had passed.

Years of transition — the '60s campaigns

The early 1960s proved a turning point in the history of the union. Jack Jepson was a much more dynamic General Secretary than his two predecessors, and COHSE turned from a one-sided preoccupation with mental hospitals, to transform itself into a more broadly-based union. The first task he set the union was to recruit more general nurses to show that it was a viable alternative to the RCN. He also streamlined the union's organisation, placing a much greater emphasis on recruitment. COHSE's Head Office finally moved from Manchester to Banstead in the south. For too long the union had traded on its past achievements in the mental health field. Now was the time, Jepson realised, for it to prove itself with the present generation of health workers who would not simply give the same inflexible loyalty to COHSE as the older generation of members.

As a result of his vision, the foundations were laid for a rapid growth in membership, without which the union would almost certainly have been forced to amalgamate with a larger organisation. Symbolic of these changes, and the passing of an era, was the retirement of Claude Bartlett in 1962, after thirty-five years as union President. In 1960 he had become the first ever lay Chairperson of the TUC, President over its stormy Conference at Douglas, Isle of Man, where the movement was split over the issue of unilateral nuclear disarmament.

The 1962 pay campaign

Jepson's, and COHSE's, opportunity came soon enough. The Macmillan Government ran into serious economic trouble after 1959, and in 1961 the Chancellor of the Exchequer, Selwyn Lloyd,

intervened to seek to curtail the growth of money incomes. As well as lopping £300 million off public spending, raising interest rates and indirect taxation, he called for a six-month 'pay pause' which he declared would be rigorously enforced in the public sector, in the hope that employers in the private sector would follow suit. Thirty-five wage claims were blocked, including those of nurses, 'medical auxiliaries' (professional and technical staffs), and other health workers. No attempt had been made to obtain labour movement support for such measures. The era of compulsory incomes policies had begun. It was a particularly inept move by a Government that was losing its sense of direction.

COHSE rejected the pay freeze, stated its belief in free collective bargaining, and co-ordinated its protest activities with other public sector unions, who were called together by the National Union of Teachers. It was clear that nurses would form one of the most important test cases of the policy. All staff side organisations pressed ahead with the pay claim. COHSE's NEC went one step further and demanded a Royal Commission into Nursing to look at all aspects of the staffing crisis, not just pay and conditions.

The staff faced a formidable opponent in the shape of Enoch Powell, Minister of Health, who as an academic, had previously penned the following lines:

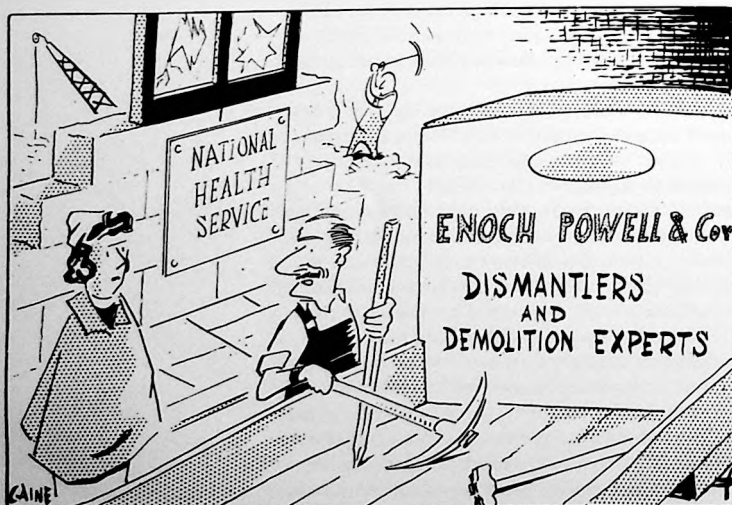
*'I hate the ugly, hate the old,
I hate the lame and weak.
But most of all I hate the dead,
Who lie so still in their earthen bed,
And never dare to rise.'*

As may be imagined, he had little natural sympathy for the NHS and, as a Tory right-winger, hated any kind of monopoly service. He pursued a ruthless policy of cost-cutting and efficiency, as well as doggedly holding the line on wages for his political superiors. When the pause ended in April 1962, he offered no more than the paltry 2½ per cent allowed for by Government dictat.

His alternative solution to dealing with the problems of poor pay and conditions was to encourage hospitals to seek recruits from the new Commonwealth countries, to ease the staffing crisis of general hospitals in London and the South-east and mental hospitals throughout the United Kingdom. This was ironic, given his subsequent objection to 'coloured' immigration.

Unprecedented protest

The protests among nurses over the 2½ per cent offer were unprecedented. The main campaign was co-ordinated by the RCN, since they chaired



"Now we can concentrate on building the Defence Programme."



Twisting Enoch: Lincoln, Hellingly and Chester members in the 1962 protests against Powell's 2½ per cent pay offer. Below: the marching song — from which this pamphlet takes its title — for the huge Trafalgar Square protest.

the staff side. COHSE joined in but also, in contrast to other unions, decided to run its own militant campaign. It was coming into increasing conflict with the RCN and declared that it was:

'not prepared to sink its own ideas and bow meekly and respectfully to others who in COHSE's opinion should not be regarded as negotiating bodies.'

So COHSE organised its own, much more rowdy, protests. The first, at Caxton Hall on 4 April, exceeded all expectations. 4,000 nurses turned up. Many decided to move on to the Commons to lobby MPs. Police intervened when 'argumentative groups' formed around MPs. The age of the militant nurse had arrived! COHSE organised big demonstrations and rallies up and down the country. Enoch Powell faced protests wherever he went — in Lincoln, for example, nurses sat down in front of his car.

The campaign culminated on 28 April with a huge march from Marble Arch to Trafalgar Square which was 'Britain's biggest-ever demonstration' by health workers. They called themselves 'Enoch's Angels' and marched to the strains of a specially composed song (sung to the tune of John Brown's Body):



Enoch's Angels

*'E-noch's Angels have a fighting spirit found
When faced with Enoch's insult of a tanner in the pound,
They cast aside their haloes and they flocked to London town,
Where they still go marching on.*

Chorus

*They were only offered peanuts
They were only offered peanuts
They were only offered peanuts
But they still go marching on.*

The Government was worried by this unprecedented and belligerent mood, and also by unofficial sympathy strikes taken by thousands of engineering workers such as those at Ford, Dagenham.

One of the notable features of the demonstrations was the participation of women nurses, students and overseas nurses. To show it meant business, COHSE organised a strike ballot with the following results:

<i>Ballot question</i>	<i>Result</i>
unreservedly in favour of withdrawal of labour	7,296
opposed	5,375
in favour in principle, but 'on conscience grounds could not do it'	29,686

To go as far as this meant that things had got so bad that nurses were now 'thinking the unthinkable'.

The pressure yielded results. The Government caved in by June 1962 and gave an immediate backdated award of 7½ per cent and reopened negotiations on the full claim. COHSE had played a prominent part in the victory, and successfully projected itself as a dynamic and militant organisation. In the process, Jepson had become COHSE's first public figure since George Gibson, and several thousand general nurses had been recruited on the way. When Jepson assumed office, membership had been hovering around the 50,000 mark for several years. By 1963, it had risen to 67,000 — and continued climbing thereafter.

COHSE in the process became an increasingly female union. In 1956 women formed just 41 per cent of members. By the mid-1960s they were in the majority, though did not, and still do not, take a full part in the government of COHSE in proportion to their numbers. The growth of membership was particularly striking in the north, Scotland and Northern Ireland where an independent region had now been established. COHSE's success led to intensified conflict with the RCN. The union successfully called for a reallocation of seats on the NMC in line with its growing general nursing membership. It also attacked the RCN's campaign to exclude student nurses from entitlement to overtime pay.

Stresses and strains

These changes inevitably created stresses and strains in COHSE's organisational structures. COHSE had become a highly centralised union since 1946, preoccupied with affairs at national level such as Whitley Council concerns. In order to recruit more members it had now to make a greater impact at local level and this called for a

decentralisation of authority within the union.

The growing numbers of women members and of overseas workers (who formed a growing proportion of 'Enoch's angels') also required that COHSE examine its traditional structures, which tended to lead to a predominance of male, white members in key decision-making positions.

In the years that followed, successive steps were taken to reorganise the union. The development of a stewards system and linked supportive services has done much to decentralise authority within COHSE. Steps were also taken to encourage greater involvement from women and black members and to give their particular problems a higher priority within the union. But much still remains to be done and it could be suggested that this remains one of the key challenges for COHSE in the future.

Changes in the mental health field

While all this was going on, enormous changes had been occurring in the mental health field. It was a period of experimentation. New drugs like Largactil enabled many patients to be discharged from hospital, at least for a while. Locked doors were opened and traditional hierarchies dissolved. One of the casualties of the latter were medical superintendents. It was no longer obligatory to appoint them after 1960. Most important of all, the 1959 Mental Health Act finally dismantled the Victorian lunacy laws. In keeping with the new philosophy, the majority of patients would now be treated informally. The emphasis was to be on 'community care'. COHSE fully supported these changes. In fact, its President, Claude Bartlett, had sat on the Royal Commission which gave rise to the legislation. The union had also campaigned, without success, for additional resources to be available to make community care 'a reality rather than just a pious wish'. Despite this, it seemed that the mental health services were on the eve of an optimistic new era.

Subsequent developments were largely to contradict such hopes. In 1961 Enoch Powell exaggerated the effectiveness of new treatments. He boldly declared to the National Association for Mental Health (MIND)'s national conference that there was no longer any place for the old mental hospitals, which would all be closed down within fifteen years. Patients would either be treated in the community or in general hospital acute units. He was not, however, prepared to make additional resources available, and many have suspected that his intentions were largely economic. The money saved would be diverted to spend on the big, acute general hospitals

'By the mid-60s, women members were in the majority.'

envisaged in the 1962 Hospital Plan.

It proved extremely difficult to close the old mental hospitals down, even though their numbers of patients declined steadily. The lack of resources given to community care led to the 'revolving door': two-thirds of patients to mental hospitals became readmissions. In addition a growing number of patients were elderly, whose condition might be ameliorated but not cured. Having been declared redundant institutions, morale in the traditional mental hospitals declined dramatically during the 1960s, and the bold hopes of the late 1950s evaporated. This neglect directly contributed to the scandals which broke out in the late 1960s, especially following the publication of Barbara Robb's book *Sans Everything* in 1967, which highlighted structural problems for which the staff were often conveniently scapegoated.

Equal pay fight

Ancillary workers also had their problems, the first target of many of the 'efficiency' methods set in train by Powell, but for which they received little financial compensation. Some voices in COHSE were raised in protest at these changes. **Tony Marshall**, Vice-President of COHSE, spoke out in 1963 against:

'an attitude of mind that is increasingly applied to the work undertaken in our hospitals . . . Is then the patient an industrial unit? Is the hospital to be industrialised? Are hospital administrators to be compared with factory management? Are doctors and nurses to work the assembly line effectively and above all economically to ensure a turnover in human material that will show a production chart which can offset the expenditure?'

The answer, increasingly, was 'yes' — and, of course, the process still goes on today, the assumption being, without any proof being provided, that this is all to the benefit of the patient.

Ancillary workers therefore began to find themselves the object of work study and 'organisation and method' studies leading to changing working organisation in which more and more was asked of them. Their pay and conditions, however, remained as inferior as before. Their position deteriorated as a result of a three-year pay deal imposed by management in 1963, in line with the developing fashion for American collective bargaining policies. There were accusations that COHSE was beginning to neglect its ancillary membership, and efforts were made by **Frank Lynch**, the responsible national officer, to give COHSE a higher profile on ancillary matters.



Ancillaries: increased productivity but no pay compensation.

The union was most active in the campaign to win equal pay for men and women ancillary workers. Some small improvements were secured in 1963, bringing the women's rates up to 80 per cent of the men's. Women ancillary workers were the only group of health service staff to be subject to such blatant sex discrimination, but not until the 1970 Equal Pay Act did outside compulsion force the NHS to put its house in order — although, of course, predominantly male jobs have continued to be rated higher than predominantly female ones, and women are often found in greatest numbers in the lowest professional grades.

For ancillary workers the 1960s were an extremely barren period, during which the incomes policies of the 1964-70 Labour Government bore down very heavily on them, even though they were among the most lowest paid workers in the country, performing work of vital importance to the health care team.



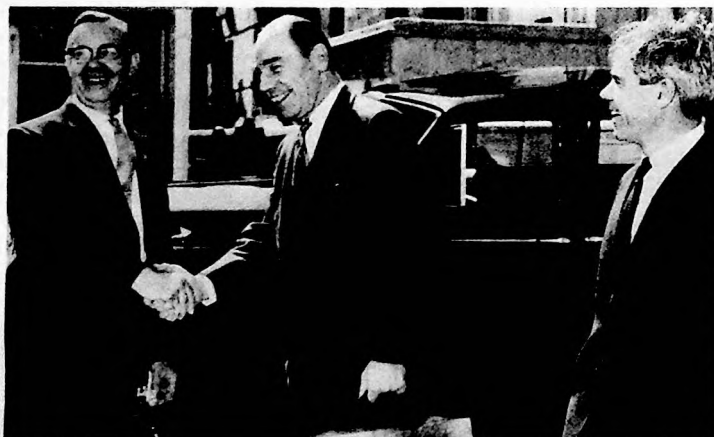
Ambulance staffs' first ever Parliamentary lobby, organised in 1965 by COHSE, pioneer of the campaign for an NHS-run service.

Ambulance staff demonstrate

COHSE also maintained its efforts on behalf of ambulance workers. Against the opposition of bigger unions, the TUC eventually decided to support the idea of a nationalised ambulance service for England and Wales (it already existed in Scotland). COHSE organised the first ever national demonstration of ambulance workers to lobby the House of Commons on 20 May 1965. The demonstration caused some confusion: 'One noble Lord, straying from Another Place among the ambulance uniforms, asked where the accident was'. Some ambulance workers even took unofficial action in support of the campaign. Kenneth Robinson, the Labour Minister of Health, accepted COHSE's arguments and nationalisation became Government policy. However, it would now have to wait for the reorganisation of the NHS, which did not take place until 1974.

However one looks at it, the dissatisfactions of

Labour Minister of Health Kenneth Robinson visits COHSE's Eastbourne Conference in 1968. He is greeted by General Secretary Dick Ackers. COHSE's present General Secretary David Williams — then National Officer — looks on.



all grades of staff were growing during the 1960s, and tempers were beginning to fray. This was clearly shown in the research done for the Welsh Regional Hospital Board into the attitudes of its professional staff (A Crichton, *Disappointed Expectations*.) Although there were variations among the various groups of physiotherapists, occupational therapists, chiropodists, radiographers, medical laboratory staff and others, a clear pattern of responses emerged. There was widespread dissatisfaction with pay and conditions, a concern that they did not have proper facilities to do their work properly, and also that 'the potential value of their work as they envisaged it is not recognised'. This growing alienation, in a service where authority was becoming increasingly impersonal, functional and remote, was summed up as 'disappointed expectations'. The health service had let them down.

Disappointed expectations

The 1960s was certainly a decade of disappointed expectations for the vast majority of health workers. The incoming Labour Government of 1964 was brought into power partly by the votes of public sector workers aggrieved by the way they had been treated by the Macmillan Government, yet Labour now embarked upon a series of incomes policies which discriminated against public service workers every bit as much as those of their Tory predecessors. Kenneth Robinson, as Opposition Spokesman on Health, had promised a full review of the Whitley machinery, but this was forgotten when Labour achieved power. The warning signs were there, but the Government did little to avert the looming crisis in industrial relations which would hit the service in the mid-1970s.

The road to Halsbury

When Jack Jepson retired in 1965, his place was taken by **Dick Akers**, a veteran campaigner who had played a leading role in the nurses' protests of 1948 and 1962. He took office in 1967 and retired in 1969. With typical good humour he accepted his nickname of 'caretaker pope'. His place in turn was taken by **Frank Lynch**, the heir apparent, who launched the union on a renewed path of modernisation and reorganisation from 1969-74.

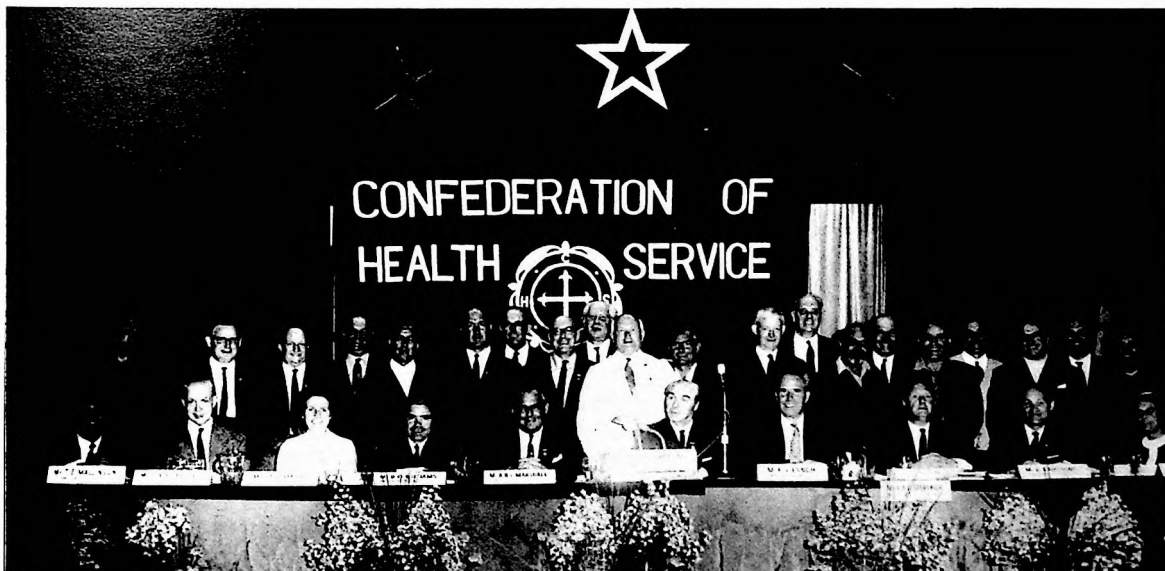
Frank Lynch was very much an 'organisation man' of the 1960s. He delegated many of the negotiating responsibilities previously attached to the General Secretary, and transformed the position much more into an administrative role and that of political figurehead. He also established the union's Research Department to support the national officers in their negotiating responsibilities. Above all, he encouraged branches to become more self-sufficient and less dependent on Head Office, because this was where the battle for membership was lost or won.

There is no doubt that his general strategy was correct, even if some felt that he sometimes fetishised the organisation for its own sake, to the neglect of substantive issues of pay and conditions. The strategy undoubtedly succeeded in membership terms, which grew from 75,000 to 120,000 during his period of office, although, of course, we should be cautious before attributing all of that to the influence of one man.

Certainly other factors were working to increase

unionisation. In 1966 DOCAS (Deductions of Contributions at Source), was brought in, allowing union contributions to be deducted from pay by the employer. No longer would activists have to spend most of their time chasing members in arrears. They now had time to concentrate on local negotiations. What is more, RCN members still paid an annual subscription, thus giving unions a competitive edge. Management was now seeking to negotiate changes on many fronts which would have been impossible to conduct individually with each member of staff. The growth in the size of hospitals and the growing remoteness of management (for example, following the introduction of the Salmon Report's reforms of nursing management) all served to soften official attitudes towards trade unionism as, of course, did the fact of a Labour Government in office. In 1968 the General Whitley Council was able to negotiate an agreement for 'reasonable facilities' to contact members at hospital level. Vague as it was, it still represented a breakthrough.

Other developments also helped the union to recruit members. The spread of efficiency methods, including bonus schemes, served to foster local organisation, especially among ancillary workers. Often this was as much to oppose the introduction of schemes as to develop them. Managerial change and impending reorganisation served to increase staff uncertainty and a feeling that they needed protection, as did



The NEC at the 1970 Morecambe Conference.

Front row, left to right: Terry Mallinson, National Officer; Joe Yearsley, Accountant; Rose Lambie, then National Woman Officer; David Williams, then Senior National Officer; Tony Marshall, Vice-President; Bob Vickerstaffe, President; Frank Lynch, General Secretary; Albert Spanswick, then Assistant General Secretary; Bob Farthing, Finance Officer and Joan Read, Administrative Assistant.

Countdown: Frank Lynch oversees the counting at Head Office of the COHSE branch ballot on industrial action by ancillary staffs which resulted in an overwhelming Yes vote.



the spate of 'scandals' at individual hospitals, following the publication of *Sans Everything* in 1967. Lynch grasped this very clearly, and also that the union might serve as a source of identity for members in a rapidly changing service. In October 1969 he stated:

'Throughout all the years of my association with the Health Service as an Officer of the Confederation, I cannot recall a period when there was so much uneasiness among staff.'

All these factors, as well as growing dissatisfaction with the effects of successive incomes policies, helped to stoke the fires of impending militancy.

Low pay rebellion

It was perhaps inevitable that ancillary workers would be the first to take full strike action. Their revolt, which erupted in 1972-3, was part of a more widespread rebellion of low paid workers in 'dirty' low-status jobs, first triggered by strikes among local authority manual workers in 1969. By 1970 male manual workers in local government had won a £2.50 a week award from the Scamp Enquiry, and COHSE's NEC threatened industrial action if hospital ancillary workers did not get the same. On this occasion, as the election approached, they did not need to go any further.

Heath's Government came into office in 1970 on the wave of a general pay explosion and the failure of Labour Government employment legislation. It subsequently sought to operate an informal policy in the public sector, and brought in the restrictive Industrial Relations Act in 1971. Membership dissatisfaction erupted at COHSE's 1972 Scarborough Conference, probably one of the most significant in the history of the union. One of the momentous — and in hindsight, unfortunate — decisions taken was to register under the

Conservative's Industrial Relations Act. COHSE did so because of fears that the competitive edge might otherwise shift to the RCN. But COHSE also had to respond to competition from other trade unions, so delegates decided, despite the misgivings of some of the older generation of branch secretaries, to formally recognise and develop a stewards system within the union. Two years later, at the Margate Conference, in response to demands for greater democracy within the union, the decision was taken to make Conference an annual rather than biennial event.

The other most momentous development was the commitment to take 'drastic action' if necessary in support of low paid ancillary workers, and a claim was submitted later that year which included £4 on the minimum, plus thresholds (cost of living increases), a thirty-five hour week and four weeks' annual holiday. It was the most ambitious pay claim ever submitted by the ASC staff side, but it suffered the ignoble fate of being trapped by the Phase One 'freeze' of the Heath Government's compulsory incomes policy. Local authority manual workers, on the other hand, to whom NHS pay was traditionally linked, had managed to negotiate a deal just before the freeze came into effect.

All unions, including COHSE, came under intense pressure from their ancillary membership, and the response to a one-day stoppage on 13 December 1972, was much greater than had been anticipated. The staff side went on to organise selective actions in the early months of 1973 more, it seems, as gesture of opposition than with the serious intent of shifting the Government. By March, following a ballot of branches, ancillary workers were taking strike action up and down the country, often for much longer periods than favoured by the NEC. The strike was eventually called off on 5 April 1973, without

'The Health Service would never be the same again.'

having been particularly successful. Yet a threshold had been passed, and the health service would never be the same again. A dispute had ended, but a new era in NHS industrial relations was just beginning.

Whitley neglect

The following year, 1974, saw nurses out on the streets yet again, and many COHSE nurse members even took limited industrial action. The campaign this time was a much greater success, yielding the largest ever award to nurses, which was granted by the Halsbury Committee, set up by the incoming Labour Government of 1974 to remedy a quarter of a century of neglect by the Whitley Council system.

The roots of the dispute lay back in the 1960s. After a reasonably generous pay deal in 1965, nurses found it increasingly difficult to get much, at least in terms of money, from the Labour Government. The National Board for Prices and Incomes (NBPI) had, however, in 1967 granted nurses the biggest package of non-economic reforms since the inception of the NHS. Its Report No. 65 advocated reforms such as the end of split-shifts, greater recruitment of married women and part-timers, the ending of petty restrictions in nursing homes, and a rapid introduction of the Salmon system of management. On pay, the psychiatric lead was raised to £100 and extended to geriatric nurses. More generally nurses were given a 9½ per cent award phased over two years.

Although many of the report's reforms were overdue, it did not deal fundamentally with the fact that nurses' pay was continuing to slip back. In fact, a condition of the deal was that there should be no further claims before March 1970.

In the meantime, a general wage explosion occurred. In 1969 the RCN seized the initiative and launched its 'Raise the Roof Campaign' by which student nurses were encouraged to campaign for a wage claim which would give much more to their senior nurses. It was able to harness the growing discontent of nurses — as expressed by the short-lived 'bed-pan bums' movement led by the flamboyant Sister Veal, during a period when trade unions, including COHSE, were on the whole co-operating with the Labour Government's incomes policies. Student nurses had also been roused by the effects of the 'pay-as-you-eat' scheme brought in as a result of NBPI Report No. 65, in which they would now pay for meals as taken, and board and lodging charges would be reduced accordingly. Students protested throughout the country that they were, at the end of the day, worse off.



Fundamental differences

The Raise the Roof campaign itself classically illustrated the fundamentally different approaches of trade unions and professional associations. The RCN had always claimed that the best way to recruit student nurses and staff generally, was to create a 'career structure' and widen differentials. The impending introduction of the Salmon reforms, which finally abolished the 'matron' and extended the hierarchy beyond the hospital, gave them the opportunity to slap in a claim which would give at most a £325 a year increase to a staff nurse, but £1,500 a year to a chief nursing officer.

Unions on the other hand have always argued that recruits are more likely to be attracted if the lot of the average working nurse is improved, rather than weighting the pay structure in favour of a few 'high fliers'. As a COHSE Branch Secretary complained in a letter to the *Guardian* about the RCN campaign 'the campaign appears, to some of us, to be an attempt to use public sympathy to gain large increases for senior grades at the expense of the lower grades.' In this it appears to have been successful. COHSE seemed unable to respond because of leadership problems. Dick Akers had been a caretaker General Secretary, and did not make much of a mark during his short period of office. By the time the 'Raise the Roof' campaign was under way Frank Lynch was in the process of taking over, and was concentrating most of his efforts on restructuring COHSE's organisation.

COHSE's low profile was in stark contrast to the pay campaign of 1962. But late in the day, in the early months of 1970, COHSE organised a series of relatively small demonstrations. These owed a great deal to the efforts of Albert Spanswick, who had recently been elected Assistant General Secretary, in a highly

Phase One: ancillary workers protesting in Cardiff over the Heath Government's 1972 pay freeze.

competitive contest against **David Williams**. He had just taken over responsibility for COHSE's negotiations on the NMC, and these were the first fruits of his fresh approach. The militant pressure worked, and management was forced in an election year to drop plans for a two-year agreement, and granted a single 20 per cent increase in April 1970. As COHSE made clear to the press, the award was only 'a beginning'. A new period of renewed and aggressive competition between COHSE and the RCN was just beginning.

Halsbury Road (below and right): scenes from the COHSE demonstration outside the DHSS in London on 30 April 1974 which launched the Halsbury campaign. A summer of unprecedented militancy by nurses followed.

Revaluation claim

The 1970 pay deal had been largely a catching up exercise to compensate nurses for the general pay explosion of 1969-70. Yet nurses' pay began to slip back again during the years of Heath's Conservative Government. In 1972, the staff side submitted the 'Revaluation Claim', which sought

something more than just another catching-up exercise. It argued, with considerable justification, that the work of nurses had changed; had become more technical, and nurses were also dealing with a faster 'throughput of patients' despite chronic shortages. On the eve of NHS Reorganisation, and the possible reform of nurse education, perhaps on the lines advocated by the Briggs Report of 1970, a claim was lodged for increases of between 26-40 per cent, and for once it was biased towards the lower rather than the upper ends of the pay scales. Unfortunately, the 'Revaluation Claim' which Albert Spanswick had been influential in formulating, became snarled up by the three rigid phases of Heath's incomes policy.

Hopes were raised with the election of a Labour Government early in 1974, that the claim might be reopened. After the Government settled favourably with striking miners, spontaneous protests erupted among rank and file nurses against the existing settlement, which came into effect in April 1974. They were sparked off particularly by a demonstration outside the Department of Health and Social Security in London on 30 April, at which Albert Spanswick, who had recently replaced Frank Lynch as General Secretary, addressed a crowd of about 1,500 nurses and raised the possibility of taking industrial action. A few days later, COHSE nurses at Storthes Hall, Huddersfield, staged a short, symbolic walkout.

Halsbury set up

There followed a summer of unprecedented militancy among nurses. Barbara Castle, the Minister of Health, acted swiftly to set up an independent Review Body for nurses under Lord Halsbury, whose standing Review Body for doctors and dentists had always rewarded them handsomely. When radiographers also took industrial action, Lord Halsbury and his committee was also asked to investigate their pay and conditions.

COHSE was, however, concerned about the delays that might result. Its NEC felt snubbed that a Labour Minister was appearing to give preferential access, and hence also publicity, to the RCN. The NEC was also under considerable pressure from branches to take militant action. Albert Spanswick issued a statement to the press demanding a £100 million on the table, and when this did not materialise, COHSE initiated limited forms of industrial action from 23 May. It also organised massive demonstrations up and down the country, at a time when all other organisations had suspended their campaign, and



were waiting patiently for the Review Body to report.

The immediate objectives of COHSE's campaign did not succeed. The Government did not yield to the demand for interim payments in advance of the publication of the Halsbury Report. But COHSE's action did probably speed up its publication. When it appeared, it granted nurses their biggest ever pay deal, aimed at remedying years of neglect, and this appeared to vindicate COHSE's more militant approach. Radiographers also received a large award.

Watershed for COHSE

The Halsbury Report was a watershed for COHSE. The year following it was its most successful recruitment period ever, and the union

was launched on a path of growth which by the decade had almost tripled the 1970 membership to 215,000. Despite setbacks, and the unfavourable economic climate, it has managed to maintain this level of organisation since 1979, at a time when many other unions have suffered serious losses of membership. In the process a relatively small union, catering mainly for psychiatric nurses, had been transformed into the twelfth largest union in the TUC. And only one other union had a higher percentage of female members. The widely accepted 'truth', that general nurses and professional workers could not be organised into trade unions, had finally been disproved. Given that inflation rapidly eroded the value of the award, this was perhaps the most lasting legacy of the 'Summer of protests' of 1974.

Photo: Chris Davies — Report



The Spanswick years and beyond

The years of Albert Spanswick's General Secretaryship of COHSE from 1974-83 are packed with incidents and events. They deserve a book, let alone a pamphlet, to themselves, and only a bare outline can be given here. But we can at least place the events of those years in perspective, in order to celebrate their achievements, and understand any setbacks that have occurred.

The most notable achievement of those years was COHSE's emergence out of the wings under Albert Spanswick's leadership, who took COHSE and its struggles on behalf of health workers to the centre of the political stage.

One of his earliest moves in 1974 had been to seek COHSE's deregistration from the Conservative's 1971 Industrial Relations Act and to gain readmission back into the TUC. Before Albert Spanswick, COHSE had tended to distance itself from the labour movement at large, both politically and industrially, an isolation that was partly due to its membership base in isolated mental hospitals and also to its espousal of 'responsible' professionally-orientated trade unionism.

After 1974, while COHSE continued to emphasise the special strengths of NHS industrial unionism, it began to seek a fuller and less inhibited role in the wider labour movement.

By 1976 Albert Spanswick had been elected to the General Council of the TUC, its inner Cabinet from which COHSE had been absent since Claude Bartlett's retirement in 1963. Later **David Williams** won a place on the Labour Party National Executive Committee and after him, **Sid Ambler**, COHSE's National President. During the Halsbury dispute COHSE had also won the right to be consulted periodically by Health Ministers on issues affecting the health service.

Attacking private medicine

One early issue that cropped up was that of NHS pay beds, whose continuing existence had long angered many nurses, ancillary staff and other health workers. After industrial action by members of COHSE and other trade unionists, the Government agreed to bring in legislation to eliminate pay-beds from NHS hospitals. By this time, however, the Labour Government had drifted considerably to the right, as it sought to deal with the country's growing economic difficulties.

The legislation on pay-beds was an early casualty of this shift. Barbara Castle was sacked, and David Owen — whose true political allegiances later became more apparent — and David Ennals became the dominant figures at the

Ministry of Health. They were under pressure from NHS consultants who were now taking action to retain pay-beds. The resulting Health Services Act of 1976 conceded a great deal to the consultants. Only the most underused pay-beds would be eliminated immediately, and the remainder only gradually as alternative facilities in the private sector were made available. The Act therefore, led to an *encouragement* of private medicine outside the NHS, as the BMA itself recognised.

The decline of the Labour Government's reforming zeal in the NHS was part of its own declining confidence in the ability to act in line with its 1974 manifesto commitment to shift the balance of power irreversibly in favour of working people. Only token steps were taken to change or democratise the extremely bureaucratic reorganisation of the NHS devised by the Conservative Government in 1973. The whole issue of the future of the NHS was instead postponed by the appointment of a Royal Commission. A Working Party under Sir Douglas Black was also set up to look at how social inequalities were linked to ill-health.

By the time both reported a Conservative Government was in office, and their reasoned arguments for an expanded NHS, free at the point of need, and the need also to attack the social causes of ill-health, were ignored. Trade unionists' complaints about the unfairness of the Whitley Council system were dealt with by yet another enquiry, this time conducted by Lord McCarthy. It came up with only minor proposals for reform and totally dodged one of the biggest issues for trade unionists — the continued domination of many areas of NHS collective bargaining by professional associations. They were even allowed to strengthen their position by taking advantage of Labour Government employment legislation aimed at helping trade unions!

Demoralising cuts

But worse and most demoralising of all, were the cutbacks in the planned growth of the service that were implemented in 1976. Even the much needed redistribution that occurred between 'well' and 'less well' provided regions under the so-called 'RAWP' (Resource Allocation Working Party) formula, became an excuse, as COHSE pointed out, for the levelling down rather than lifting up of the standards generally.

The International Monetary Fund had insisted on public expenditure cuts as a condition of helping Britain out of its sterling crisis. The Government, however, had already broadly accepted the propaganda of right-wing economists



Albert Spanswick: took COHSE into the centre of the political arena.

and newspapers like the *Sunday Times* that high public spending lay at the heart of Britain's economic malaise. In fact the basic long-term economic problem was in the failure of industrialists themselves to invest to bring the country's decaying industrial base up to date.

As early as November 1975, COHSE's National Executive Committee had warned of the damage that cuts were having on the service, particularly in indefinitely postponing much needed improvements to the service, and the non-replacement of staff when they left. Many authorities foolishly cut back on student and pupil nurse training, a decision which had roll-on effects for years to follow. At the same time unemployment and poverty were on the increase generally, adding to the difficulties of health staff. As Sue Spilling, a COHSE health visitor put it:

'How can you be expected to promote a healthy society with all the underlying problems of poverty and unemployment, quite apart from all the problems of bad housing and so on, imposed on so many families? Meanwhile we are facing cuts in our own staff and sharp increases in workload.'

One thing that became patently clear in the years that followed was that when a Labour Government abnegates responsibility for protecting the health service and the welfare state generally, the chief line of defence then becomes the mass of workers in these services and their unions, who see at first hand the effects of policies taken by Treasury mandarins. It is a role they adopted reluctantly, but it was imposed of necessity.

Radical measures

As well as fighting to defend services, COHSE sought constantly to bring the Government to its senses. At the 1976 Labour Party Conference, Albert Spanswick proposed radical measures to defend and extend the health service, not just to restore cuts but calling also for nationalisation of the drugs industry, the ending of all health charges, the expansion of health centres and the development of an occupational health service. The motion was passed, but only against the opposition of the platform and Government spokespersons. In December of the same year 60,000 people demonstrated against the cuts in the streets of London. Albert Spanswick warned the Government in plain words: 'Spurn these people at your peril'.

The most effective forms of resistance to the Government's measures were undoubtedly those taken by trade unionists in the hospitals and clinics during which links were often formed with community groups outside the hospital. One of the most notable struggles in which COHSE activists were involved in these years was the fight to maintain the precarious existence of the Elizabeth Garrett Anderson Hospital for Women situated next door to London's Euston Station, on a prime redevelopment site. The fight highlighted many of the central issues. The lack of democracy and sensitivity of planners to the expressed needs of both staff and users in a health service dominated by male administrators and consultants. By fighting together to 'Save the EGA', the campaigners were beginning to articulate an idea of an alternative health service,

'Joint health campaigns have succeeded in increasing public awareness and support.'

much closer to the people it purported to serve.

Very few of these struggles were outright successes. Often campaigners found it was like being permanently on death row, their energies absorbed time and again in fighting for temporary stays of execution. And then, inevitably, the axe would finally fall. As time went on, and especially after the election of a Tory Government in 1979, the patience of management with these struggles, wore thinner, and the country was treated in a number of highly publicised instances, to the undignified spectacle of management-raiding parties snatching patients away with the aid of police cordons and fleets of private ambulances. Under the Tories most of these hospitals, such as St Benedict's hospital in Tooting, South London, closed, never to reopen. But at Etwell in Derbyshire COHSE members refused to give up the fight and later succeeded in getting their hospital reopened.

Success, however, can be measured in a number of ways. Undoubtedly, hospital occupations when properly conducted serve as forms for opposition generally to attempts to run down the health service. Despite the set-backs there is no doubt that COHSE and other trade unionists' campaigns and struggles against the cuts had their impact, even after the election of the Tory Government in 1979. For example, Mrs Thatcher has been forced to abandon her plans for insurance funding and health service spending has been maintained to a greater extent than other areas of social spending. During the 1983 General Election she was forced to repudiate her own controversial 'Think Tank' proposals for the future of the welfare state.

All this shows that the battle to save the NHS is by no means a lost cause and the joint campaigns of health service trade unionists and the Labour Party have succeeded in increasing public awareness of the problems of the NHS and their overall support. The task is to show the public how Mrs Thatcher is trying to repudiate her election promise that 'the health service is safe with us' by a combination of financial squeezing and privatisation of ancillary services and care of the long-term sick, extension of means-testing and increased charges for services.

Fighting on professional issues

The late 1970s were in fact a period when COHSE found itself taking up a broad range of non-pay issues. Partly this was fostered by the extension of much of the progressive employment legislation passed by the Labour Government, in particular the Employment Protection and

Health and Safety at Work Acts of 1974. These gave trade unionists in the workplace a boost in their organising efforts, particularly in areas like the NHS where this had been traditionally weak.

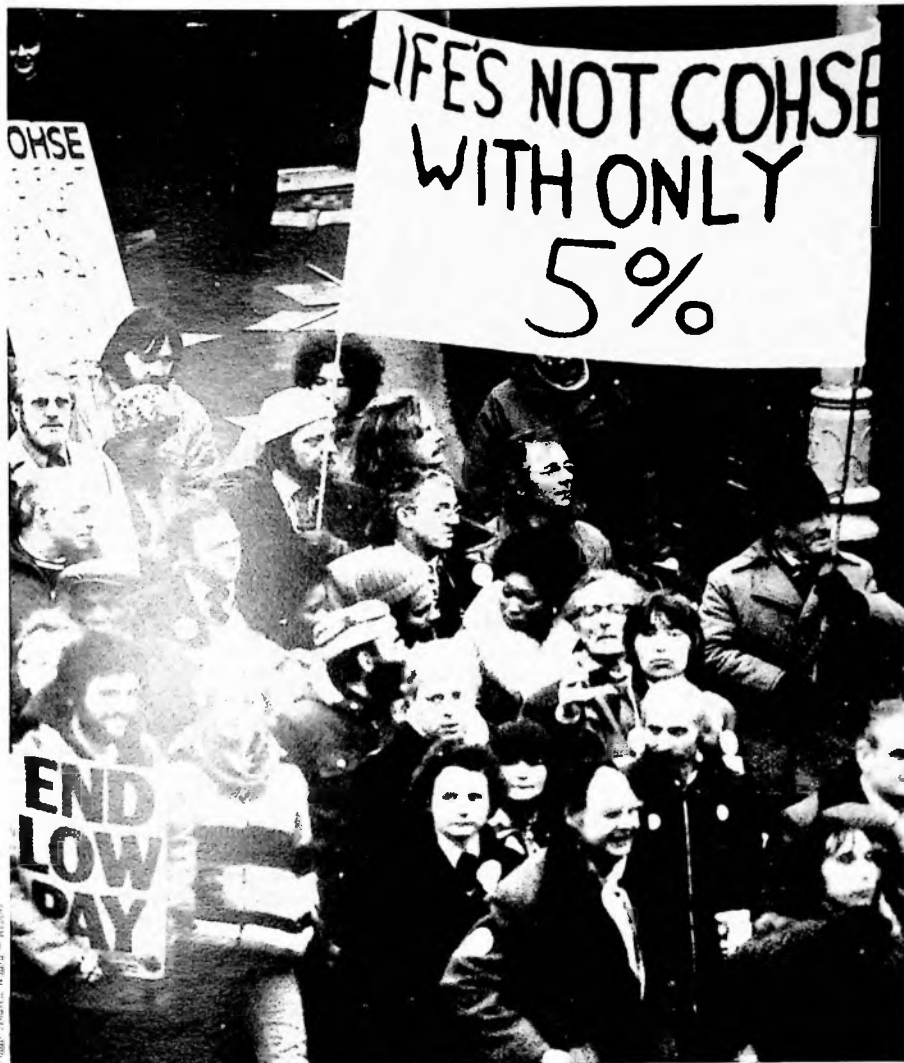
It was also a period of rapid change in the NHS when the distinction between professional and trade union issues became blurred. COHSE found it had to respond on a wide number of fronts including what to do in dealing with violent or potentially violent patients, proposals to reform mental handicap nursing, moves to set up specialist secure units in psychiatric hospitals, evidence to the Royal Commission on the NHS and on two hamfisted attempts to reorganise the NHS since 1979 alone. There has been much reorganisation, but very little change for the better.

COHSE's policies for the service were articulated in a series of well-researched documents in which the Research Department and branch activists often together played a key role. The pace of change was accelerating in the NHS in ways that were having a big impact on members' interests. However, COHSE faced the problem of dealing with the issues in a way which did not simply give the wider world an impression that it was simply concerned to defend its members' interests and job security by resisting change. But this is nothing new, for as this pamphlet has shown, COHSE and its predecessors have a long tradition of taking up wider issues affecting the quality of service provision.

This task has undoubtedly become very much more urgent after the election of a Conservative Government which, while formally maintaining a commitment to the NHS, has been dismantling it. *Health Services*, the union's newspaper has been prominent in producing, with the help of activists, high quality investigations into the impact of Government policies at local level — for example, most recently in hard-hitting articles over the effect of privatisation of ancillary services, and the transfer of the care of the elderly, mentally ill and mentally handicapped to private nursing homes.

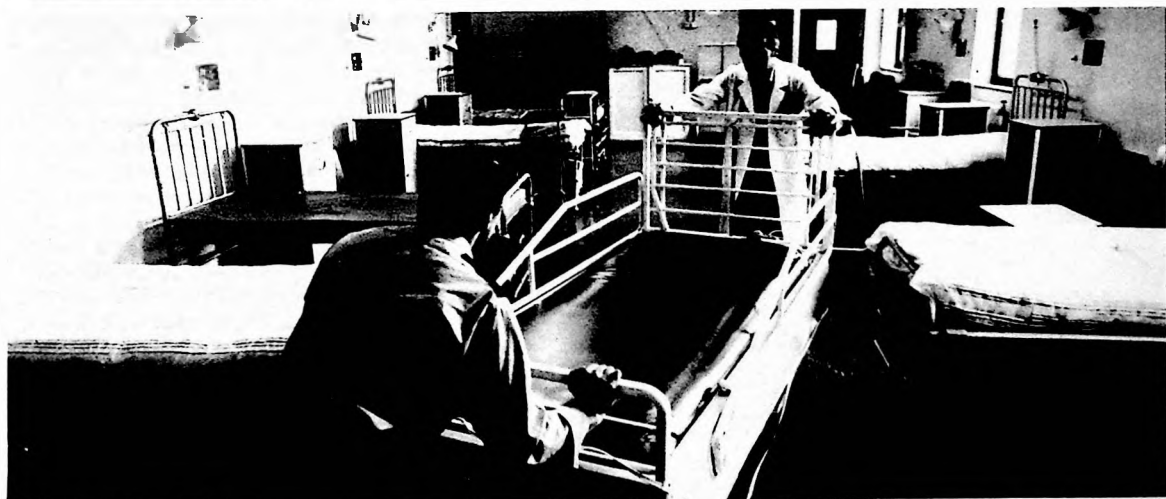
COHSE has also closely analysed recent policy statements, such as *Care in the Community* (1981) and exposed the true and dangerous implications of the Government's apparently bland and innocuous proposals — not the development of real community care services at all, but the abnegation of public responsibility to ensure adequate care for the elderly, mentally handicapped and ill, the chronically sick and the disabled.

COHSE has also gone on to utilise the wide experience of its members to articulate real alternatives, most impressively in its 1983



Timely message from health staffs during the 1979 so-called 'Winter of Discontent'.

'Many hospitals have closed, never to reopen.' (Keystone)





'70s campaigns: The occupations of Etwall, Elizabeth Garrett Anderson Women's and St Benedict's hospitals where staffs' response to the closure threat was 'business as usual'. Etwall and the EGA survived; St Ben's closed down and was later demolished.

Working Party Report, *The Future of Psychiatric Services*. At all times since the 1960s COHSE has emphasised the essential role that the NHS must play in the development of community services, based on a realistic appraisal of the uncertainties and inadequacies of local government services. COHSE has also campaigned on wider health issues, for example, against the Tory Government's attempts to consign the Black Report's proposals to deal with health inequalities to the waste paper bin. It has also affiliated, by Conference decision, to the Campaign for Nuclear Disarmament, taking a stand on behalf of health workers on perhaps one of the most vital health questions of all.

Back to pay . . .

At the same time COHSE has not lost sight of the immediate material interests of its members who remain among the lowest paid in the community. Most of the gains made in 1974 were very rapidly eroded by inflation and yet another round of incomes policies. By 1978 the anger of COHSE members was mounting and in the autumn, big claims for pay increases and reductions in hours were submitted for health staffs to help them keep abreast of rises in the cost of living. The Labour Government of Jim Callaghan would not initially budge from a 5 per cent offer in line with its incomes policy norms, but later marginally increased this to 8.8 per cent, with £3.50 a week to be made available for the lowest paid.

In January 1979 COHSE drew up guidelines for industrial action, and took a full part in the 'Winter of Discontent' in which low paid public sector workers revolted over their abysmal pay and conditions. COHSE guidelines gave advice on forms of action that could be taken — stoppages, work-to-rules, paperwork strikes, etc

— but emergency cover was to be maintained at all times. These were not always followed to the letter by all branches, but press reports still grossly over exaggerated the impact of industrial action in the public services. For example the TUC Report *A Cause for Concern* has exposed among others a *Daily Mail* report of 29 January 1979 which had claimed that a woman was unable to receive hospital treatment because of the dispute. In fact she had already been waiting for two years for admission as a result of the cuts in public expenditure which had been warmly applauded by the same newspaper.

The Labour Government eventually found a way out of the dispute through the appointment of the Clegg Commission, which was asked to compare pay levels of the public services with those outside. In the meantime, health workers received 9 per cent plus payments on account (e.g. £2.50 for nurses, £1 for ambulance workers). The same year saw the defeat of the Labour Government and the action of public service workers has often been cited as one of the major reasons for Labour's defeat — as the public recoiled from the heartless face of trade unionism that it supposedly exposed. It seems much more likely that Labour's failure to deal with Britain's continuing economic decline, or to offer any realistic prospect of doing so, was just as significant a cause of its defeat.

During the election the Tories had emphasised that they would not necessarily accept the Clegg Commission findings. In the end they did, even though they proved expensive to implement. The Clegg report awarded much needed pay rises but did little to solve the immediate or long-term problems of low pay, for in line with the findings of the comparability exercise, they gave proportionately more to the higher paid. It soon also became clear that the years after Clegg would provide even less solace to low paid NHS workers.



Photo: Morning Star



Photo: Laura Spink - EH

Hardline

The Tories' restrictive employment legislation hit at trade unionists' rights to organise generally, while inside the service the Government issued headline circulars — most notably *When Industrial Relations Break Down* — urging management to take a much tougher line. The General Nursing Council also disciplined a small number of nurses for taking part in industrial action during the 'Winter of Discontent'. COHSE's NEC responded defensively by issuing a revised set of guidelines to be followed for taking collective action, a Code of Conduct subsequently endorsed by COHSE Conference. The NEC was anxious both to protect members and to prevent the loss of nursing membership to the RCN over the industrial action issue. The Code ensured the maintenance of emergency cover and service at all times and insisted on the dignity and welfare of the patients being paramount.

Trade union organisation in the NHS withstood this buffeting, however, and remained remarkably resilient. Lessons were learnt from the Winter of Discontent, which in 1982 enabled COHSE and other NHS unions to mount and maintain a campaign of industrial action, without alienating public support, which seriously embarrassed the Tory Government.

After receiving paltry increases for two years which were well below the rate of inflation, health staffs decided to combine their efforts in the autumn of 1981 as all major groups were now due, for the first time in the history of the NHS, to receive increases from 1 April 1982. The campaign was to be co-ordinated through the TUC Health Services Committee, chaired by Albert Spanswick, and representing thirteen NHS trade unions. The Committee drew up battle plans, setting the modest (perhaps on hindsight, too modest) target of a 'common core'

claim for all major occupational groups of 12 per cent to compensate them for the rise in the cost of living. The Government in response only offered health workers 6 per cent though it gave the police 10 per cent and judges 18.6 per cent. This from a Government which had also earlier promised that it would make it unnecessary for health workers to take industrial action, by fully protecting their standards of living!

Solidarity

The campaign to shift the Government's obstinacy lasted through most of 1982. Thousands of health workers took industrial action which reduced 1,500 hospitals to an emergencies-only service at the same time that public support magnified. Millions of trade unionists either demonstrated support or took sympathy strike action in the largest show of working-class unity and solidarity since the General Strike of 1926. As Albert Spanswick proclaimed to the COHSE's June Conference, at the height of the dispute:

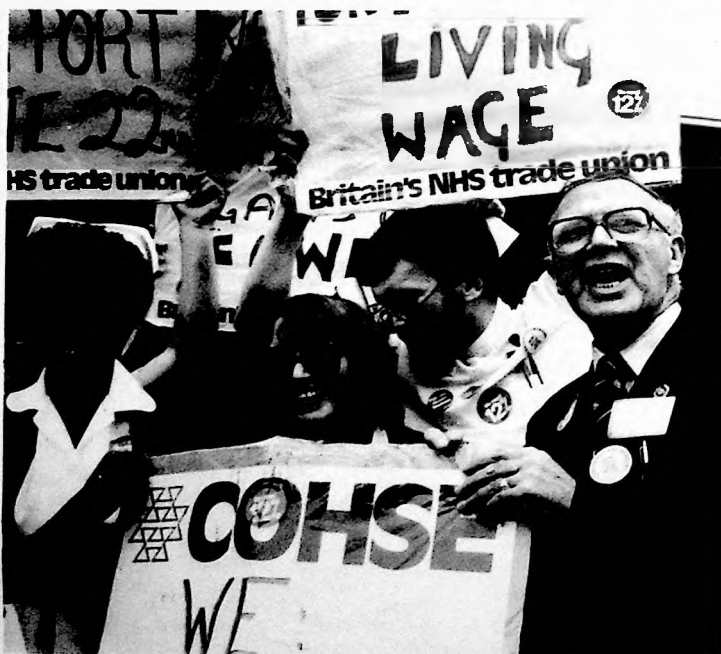
'The battle for the hearts and minds of the nation's people has been won. They have judged the NHS staffs who have stood shoulder to shoulder with miners, steelworkers, dockers and thousands of other trade unionists to be right in their struggle for pay justice and an end to low pay.'

The campaign did have an effect on the Government, which increased its offer to nurses to 7½ per cent, although some of the increase was expected to come from existing NHS funds. It also offered nurses, and subsequently professional and technical staff, a Pay Review Body in an unsuccessful attempt to divide the unity of health staffs.

The health workers fought on well beyond the autumn of 1982. In September Albert Spanswick



Opposite: a silent observer gets the message across for the 1982 low pay campaign; below Albert Spanswick on the campaign trail with COHSE members.



received a standing ovation from delegates to the TUC Conference, before the whole Congress then turned to applaud and wave to the group of COHSE health staff from Ealing Hospital in London watching the debate in the public gallery. The Ealing members then returned the waves in one of the most moving occasions in the recent history of the British labour movement; it seemed that day that working people were recovering their sense of oneness through the struggles of the health workers for justice. **Bill Dunn**, a COHSE ambulance worker and secretary of the branch, was among the group in the public gallery. 'It was a tremendous experience,' he said 'I'll never, ever forget it.'

Bill knew at the time that he was dying from lung cancer, but he was carrying on with a tradition that is at the heart of what COHSE has been about for the past seventy-five years, and without which it could not have come into existence. It is that the trade unionists of today struggle not just for themselves but for the benefit of future generations of health workers and their families and the patients they care for, out of recognition of the gratitude they owe to those who have struggled for them in the past.

Day of action

The campaign culminated in the magnificent national day of action of 22 September 1982, when millions of workers took sympathy action and 120,000 demonstrated in London in one of the biggest trade union demonstrations since the War. But no more concessions were forthcoming from the Government, whose popularity and resolve had been boosted by its successful Falklands War in the South Atlantic. It was difficult to know how to take the campaign forward after 22 September. To wage all out industrial action would have lost public support, to call a General Strike would lead to accusations that the TUC was challenging the authority of a democratically elected Government. Time will only tell how significant the dispute has been in the long-term in bolstering or diminishing the authority of the TUC. On 14 December COHSE's special one-day Delegate Conference decided to call it a day after COHSE's NEC had graphically put the options to the membership. On the following day the TUC Health Services Committee terminated the campaign of industrial action.

The campaign was not a victory, but it certainly showed that health service trade unionism was far from being a spent force, and had for the first time come to the front of the labour movement. Health workers showed they could maintain

unity and collective discipline among themselves, in order to build powerful links with working people generally. After the election of another Conservative Government in 1983, it remains a force to be reckoned with. COHSE members, in the words of the 'Enoch's angels' marching song from which this pamphlet takes its name, *Still Go Marching On* . . .

All for One, One for all

The battle continues on two fronts, to secure pay justice for health workers, and to defend and extend the health service. Often these struggles are one and the same thing — privatisation of ancillary services is an assault on the pay and conditions of some of Britain's lowest paid workers and will, if successfully forced through, lead to deteriorating standards of service.

During the past thirty-seven years of the National Health Service, health staff have perhaps only once received full justice for their case, and that was in 1974 in the early days of the Labour Government. And then it was only given to nurses and professional workers; ancillaries have never received justice. But this has not dampened health staffs' struggles and we can be sure that COHSE will continue to struggle for justice on the basis of its motto of 'All for One, and One for All'.

As we survey the past seventy-five years of health service trade unionism, two things stand out above all else. First the truth of COHSE's long-standing insistence that a service that does not care for the welfare of its staff, cares little also for the welfare of the patients — amply illustrated in the actions of the present Government. Second, the sheer indestructability of trade unionism, however hostile the environment. If it could survive and grow in the conditions which existed in 1910, then we can be sure that it will come through its present trials. The Reverend Proudfoot's words, which appeared in the union's first pamphlet in 1910, are still appropriate and inspiring for us today:

'We propose by this union to bring to bear upon the "powers that be" the influence of a power greater than themselves — the power of a strong, united public opinion, giving voice to our aspirations and our grievances . . .

We shall "serve one another" by organising against injustice or misfortune, in the hours of weakness, and if necessary, in suffering and death. We have no quarrels with man or men, but we are determined to fight with all our might against every sort of injustice. In loyalty to you, fellow workers, we invite you to join us. United we stand, divided we Fall.'

Photo: John Smith — FI



The 22 September Day of Action when 120,000 demonstrated in London in support of health staffs. Opposite: Labour MP Renee Short sums up the day — with the help of the October 1982 COHSE Journal.



Photo: Andrew Ward — Report

Postscript

The Reverend Proudfoot's words showed that the pioneers knew full well that standing up and fighting for justice would have its costs, and they were borne without complaint. And in 1985 COHSE knows only too well how high that price can still be today, for the stresses absorbed during the pay campaign of 1982 may well have shortened the lives of **Albert Spanswick** and **Terry Mallinson**, one of the union's National Officers and others too. In their place, though, others have come and continue to come forward. Under **David Williams**, its present and highly experienced General Secretary, COHSE is ready to face the future.

We can pay no greater tribute to those who have fought for us than to stiffen our own resolve to carry on the fight. Nor is there any better way of strengthening our own resolve than to make ourselves aware of the long and continuous traditions to which we, now, are contributing.

This history of COHSE is a means of celebrating its past achievements and heroes. But perhaps even more important, it also announces COHSE's determination to struggle for the health service of the future, one that will benefit all its patients, staff and the people of the country as a whole.

In the balcony: COHSE members at the 1982 TUC waving and applauding as the entire Congress gave them a standing ovation in support of their pay campaign. It was one of the most moving occasions in the history of the labour movement.



COHSE General Secretaries: a brief guide

NAWU/MHIWU

Rvd HMS Bankart 1910-12

— the Chaplain of Lancaster Asylum who was sacked for helping to spread membership of the union. He was made General Secretary largely out of sympathy and gratitude for his sacrifice. Unfortunately, he did not prove to be an efficient administrator, and NAWU drifted into financial crisis until he was removed from office by the National Executive Council, to disappear into obscurity.

George Gibson 1912-47

— born in Glasgow of humble parents, he became a charge nurse at Winwick Hospital. He was largely responsible for pulling the union round financially when it would easily have been bankrupted by Bankart's inefficiencies. He then became the dominant figure in the union's affairs throughout its existence. He helped direct its post-1918 militancy, which resulted in permanent material improvements and the establishment of bargaining machinery on which the union was the sole representative. He defended the gains made throughout the difficult inter-war period.

Gibson also made a big impact on the service as a whole. He threw the union's weight behind a campaign to reform the mental health services and raise the status of mental nurses, at the same time resisting attempts by the general nursing establishment to exercise influence over mental nursing. He led the TUC's successful campaign against the introduction of compulsory sterilisation for mentally handicapped people. As a member of the TUC's General Council he played a leading role in the attempts to organise general nurses into unions in the 1930s and the 1937 Nurses' Charter. He was a member of the war-time Rushcliffe Committee which led to the creation of the Nurses and Midwives Whitley Council in 1948.

He was undoubtedly one of the most important figures in the development of nursing in Britain during the Twentieth Century. Although his last years as General Secretary were marred by controversy, and his subsequent short public career ended by a minor scandal, he deserves greater recognition than history has so far given him. He resigned as General Secretary in 1947 and died in 1953.

PLWU/PLOU/NUCO/HWSU

Archibald Milne 1918-19

— an Assistant General Relieving Officer of the Poor Law — they were nicknamed 'destitution officers' — at Willesden in London. He only occupied the position of General Secretary temporarily, but remained active in the union's affairs in the 1920s, becoming something of a thorn in the Executive's flesh!

Vincent Evans 1919-45

— mild-mannered, religiously devout and a gifted musician — in the 1930s he played the organ at TUC gatherings — Evans was, like Milne, one of the group of relieving officers who launched trades unionism in the Poor Law service. He presided over the union's several changes of identity until its final merger into COHSE. His tenacity was in some part responsible for the survival of the union through difficult years. He died shortly after Amalgamation.

COHSE

Cliff Comer 1948-53

— an ex-mental nurse and the MHIWU's National Officer in the 1930s he took over in 1948 after all the major leaders of the two amalgamating organisations had either died or resigned. There is no doubt that he faced a difficult, uphill task, and this sometimes put him into conflict with his National Executive Committee. He stabilised COHSE as an organisation and launched it on a path of modest growth. He resigned unexpectedly early in 1953 and died in 1978.

Jack Waite 1953-58

— an ex-mental nurse from Yorkshire, Jack guided the union through its most turbulent campaign — the overtime ban by nurses in mental hospitals. Crippling arthritis forced him to retire early and he died in 1968.

W (Jack) Jepson 1958-65

— the period of Jepson's leadership began to transform the static and inward looking union of the 1950s into the dynamic and expanding union of the 1960s and 70s. He seized the opportunity presented by Enoch Powell's 'pay pause' of 1962 to launch COHSE as the militant alternative for general nurses to the RCN. He died in 1984.

Dick Akers 1967-69

— an ex-mental nurse from Goodmayes Hospital, Essex, who became the London Regional Secretary. He was a caretaker General Secretary whose short period of office made it difficult for him to make any lasting impact. He had, however, played a leading role in earlier COHSE campaigns such as those on behalf of student nurses in 1948, and the 1962 campaign against the Powell pay pause.

Frank Lynch 1969-74

— he entered COHSE through the unusual route of local Labour politics in Salford, as a protégé of Alderman Ted Hardy, an ex-HWSU official. He launched COHSE on a resumed path of internal reorganisation and rapid membership growth, but there were controversies — such as COHSE's registration under the Tories' 1971 Industrial Relations Act, which led it to be expelled from the TUC. He died in 1980.

Albert Spanswick 1974-83

— one of a generation of male nurses who entered the NHS via wartime nursing experience in the forces. Originally a TGWU member, he was talked into joining COHSE by Herbert Hough, the leader of the famous 1922 Radcliffe occupation. As General Secretary, he maintained Frank Lynch's emphasis on recruitment and the need for COHSE to adapt as an organisation. However, he was also closer to the pulse of the membership, much more a charismatic leader than administrator. The peak of his career was in 1982 when he led the TUC Health Services campaign against NHS low pay. The strain of that campaign may well have played a part in his sudden death in the following year.

David Williams 1983-

— a mental nurse following wartime service, who became a full-time COHSE officer in 1955. As Assistant General Secretary he was centrally involved in the ancillary workers' campaign of industrial action of 1972-3, and subsequently led COHSE's negotiations on the Nurses and Midwives Whitley Council. Since becoming General Secretary in 1983 the scale of the Conservative's attack upon the Health Service has grown, despite election pledges to the contrary. There can be no doubt that he leads COHSE at one of the most crucial times for the union and the service as a whole.

Women in COHSE

Throughout its seventy-five years, men have occupied the most important positions in COHSE. That is still true today, even though women form the majority of members. But some women have, against the odds, achieved positions of influence and it seems appropriate that we should celebrate the contribution of some of the most well-known figures.



Maud Weiss

Maud Weiss

— the first woman member of the NAWU's National Executive Council, and the union's representative on the General Nursing Council in the 1920s. She withdrew from active union work in the late 1920s when she was appointed Head Nurse at Claybury Mental Hospital, Essex.

Beatrice Drapper

— she became a sympathiser and honorary member of the PLOU in the 1920s, through her work as a Poor Law Guardian in Greenwich. She became the first woman official of NUCO (and hence COHSE) in 1930 and retired in the mid-1940s.

Iris Brook

— who died recently, was the first organiser of the NUCO responsible for organising general nurses. She was also active in the Socialist Medical Association and a leading figure in the fight for the setting up of the NHS in 1948. After the Second World War she served on COHSE's National Executive Committee.



Doris Westmacott

Doris Westmacott

— a trained general nurse who became an official of NUCO's Guild of Nurses. In 1946 she became COHSE's National Woman Officer, a position she occupied until her retirement in 1967.

Rose Lambie

— succeeded Doris as COHSE's National Woman Officer. She is now COHSE's only female National Officer.

Kathleen Daly

— the only woman so far to have become a COHSE Regional Secretary (of No. 6 Region). She had worked as both a probationer nurse and ancillary worker at St Giles Hospital, London. Appointed in 1959, she retired in 1968 after a prolonged illness. In 1967 she had been an unsuccessful candidate in the Assistant General Secretary elections.

Mary Burns

— a matron who became a National Executive Committee member in the 1950s, and who played a prominent role in the nurses' protests of the early 1960s.

